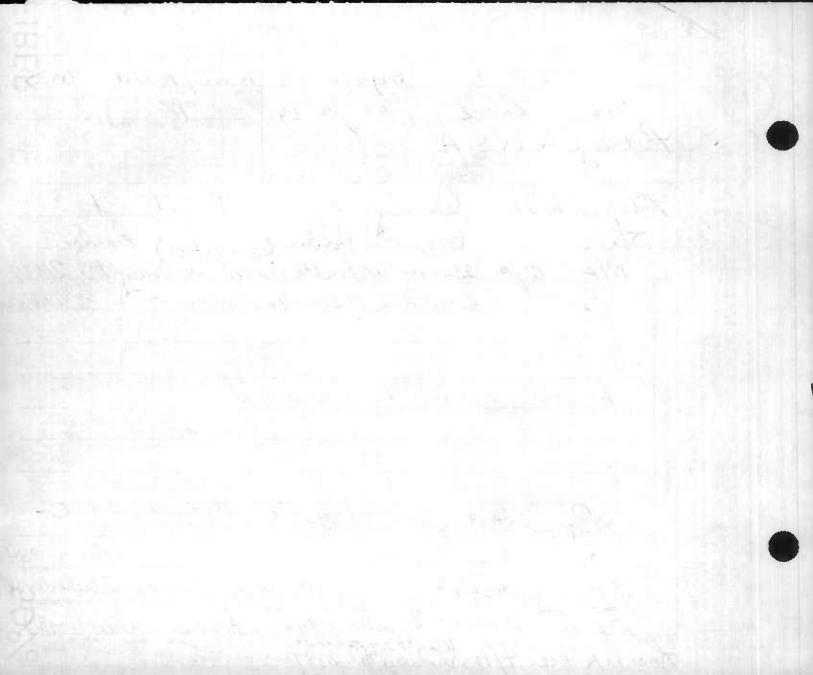
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Al W rack Storage Storage Storage MEDICAL PROPERTY OF SHOP OF STATE OF ST



1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 5 / 9 /	
1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST MIDDLE LAST 28. DATE KNOWN TO MONTH DAY YEAR	2b HOL
216	JAMES PARKER BAKER SR. OF ESTI- 2-25-84	953
T.	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS I IF UNDER 1'YR. I IF UNDER 24 HRS. 20 DATE MONTH DAY YEAR	2d HO1
L	MATE WHITE 6 10 1918 65 YRS. MIN PRONOUNCED 2-25-84	1"
11	BIRTHPLACE (STATE OR TO BEACH OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	15-1
43	DELAWARE U.S.A. WIDOWED TO DIVORCED Wicomico	N
T	Salisbury Name of Hospital, Nursing Home, or other institution 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BLOR OR INDUST Peninsula General Hospital Politary WETCH Magneto	
1	ITAL RESIDENCE (IF IN NURSING HOWE OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	1
4	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? 136 STREET ADDRESS BETT IN	//
-	FATHER'S NAME IS MOTHER'S MADEN NAME	d
a	ROBERT F. BAKER, SR. MYRTLE ATK	NC
15	WAS DECEASED EVER IN U.S. ARMED FORCES? [YES, NO, OR UNIXNOWN] 1/E YES, GIVE WAR OR DATES] [YES, NO, OR UNIXNOWN] 1/E YES, GIVE WAR OR DATES]	LYD
1	YES WWII 222 07 1188 Lorraine Baker, Rt. 4, Box 207	,
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Replia Market TAI	
	PARTIDEATH WAS CAUSED BY Carcinoma of the Lung year	
OK AEMOON OF AEMOON OF THE PROPERTY OF THE PRO	(DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which	
	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
Ho	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY YES 216 EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	2
	¥ YES □	NO 2
	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	214 INJURY OCCURRED 216 PLACE OF INJURY (AZHONS 211 LOCATION	
	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUNTY	STATE
1	278 Certify that I took charge of the remains described above, held on Autopsy Inspection No. Inspec	
	death resulted fram: Natural causes X, Accident L, Suicide L, Hamicide L Undetermined manner L,	
73	ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED 2-27-	31.
7	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER SIGNED 2-27-0	74
-	TYPE OF PRINT) Earl L. Royer, M.D. ADDRESS 109 Camden Ave., Salisbury,	Md.
- 02		
23		ATE
2	BURIAL 3/1/84 SUNSET MEMORIAL DADE BERLIN WORCESTER IN A FUNERAL DIRECTOR	ID.
7	Anna A. Burhago Address	10
	Burbage Funeral Home. Berlin. Md. MAR UD 984 for Many dison-Admission-Admiss	

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108 Williams St.

Berlin.

grain Devidson Bandall

Anna A. Burbage

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Dover, Delaware

FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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05.00 W-1/-S Taliant Committee Committee Late Marphite" . Electric 22 X X The second line was some some but The Late of the Control of the Contr The state of the s . 15J

V	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 0 5	3 0 2
a Control		CEASED NAME FIRST OR PRINTIPLES CON	MIDDLE	BRIMER	FEBRUI	MONTH DAY YEAR 26 HOUR ARY 7, 1984 2110 M
	1 SE	Male	White	S. DATE OF BIRTH April 21,1918	6. AGE (IN YEARS LAST BIRT	YRS.
5 to 6 to 7 to 6 to 6 to 6 to 6 to 6 to 6	7a. B	RTHPLACE ISTATE OR FOREIGN COUNTRY) Waryland	76 CITIZEN OF WHAT COUNTRY	MARRIED LIKNEVER MARRIED LI	Wicomi	
11/80	S	alisbury	(IF NOT IN SUCH FACILITY, GIVE STRE	General Hospital	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR WORK FOR MOST OF WORK FOR	F WORKING LIFE) INDUSTRY
plerely filled in	13a N	laryland So	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO METSET Prince	PRE ADMISSION) WN 13d. INSIDE CITY LIMITS? PSS AT TIST NO [] 15 MOTHER'S MAIDEN NA FRIST	MIDDLE	/// < ->
ond com		Edgar NAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GF	IT WAR OR O LIFE	Gertrude CURITY NO. 17 INFORMANT 2-6542 Mrs. Elsi	ADDRE	
ures that the death certificationed by the attending physical remarks a proposition or removal ury, or other fraumatic events.	2	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUED TO, OR AS A CONSEQ	perce of pulme	MIN AL DISEASE OR CON	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0)
sn. hos been permit. It	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \)
PHYSICIAN: The tending physician. This certificate ho we build-tronsit pond Mental Hygiena and mental Hygiena ed or tem 18 show.	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IN EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19 211 LOCATION	RRED (ENTER NATURE OF INJUI	
O HOSPITAL OR ATTENDING P GLINEAL DIRECTOR: After It ould be established for use os the ould be established for use of the earth one of the established for use of the established for use of the ould be established for use of the established for use of the ould be established for use of the established for use of the ould be established for use of the established for use of the ould be established for use of the established for use of the ould be established for use of the established for use of the ould be established for use of the established for use of the ould be established for use of the establis		22a.l certify that (I) (this here sow the deceased alive or	ot) view the body after death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the do	pte and hour and from the couses stated 272. DATE SIGNED FF LIAN TISBUR MA
₽# ₽#1 ■		BURIAL, CREMATION, REMOVAI (SPECHY) BUrial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Princess	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Charle & Line	in Princes	And med FEB 3	16 984 EGY 1848	2 Habi do Line Abrida Mar

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(VRA 15, 4)

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× 1	STATE REGISTRAR	FilmG589 Item 16bf	ilmg58ME	DEPARTMEN	MINER'S		CATE OF D	EATL	REG. NO.		
	DECEASED NA	ME FIRST		MIDDLE		LAST			NON X MON		2h HOUR
H >		ARTI		L.	BROW			DEATH MA	ATED 2-	-6-849 1	947 M
3. 8	M.	BLK	DATE OF BIRTH		T BIRTHDAY MON		HOURS MIN	PRONOUNCE! DE AD	2-6-	-84 19	2d HOUR 11
70	BIRTHPLACE	STATE OR	7b. CITIZEN OF W	HAT COUNTRY?		RIED NEV	ER MARRIED	1.7.4		UNTY OF DEATH	
2 10	>harl	IELL N	11. NAME OF HOS	SH	WIDO		DITORCED	USUAL OCCUPAT	comico		MD.
	Salisb	U	Penins	ila Gen	eral H	ospit	al	FOR MOST OF WORKING	CK	OR INDUST	RY PJ2
	STATE MO	E (IF IN NURSING HOME OF		13c. CLTY OR TO		13d. INSIDE CIT	17 LIMITS? 13e	STREET ADDRESS	EX 2.	51	61
15	FATHER'S NA	ME H	MIDDLE	Z LAST	4	15 MOTHER	R'S MAIDEN NA	AME MIDDLI	Mal	Chitter	
160	WAS DECEA.	SED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL S		17. INFORM	AANT	Puchon	DDRESS //C	d. Spine	AS
-	18 CAUSE	OF DEATH (Enter anl	y ane cause per line			1/4///		J16 66 P		APPROXIMAT BETWEEN ONSI	
	PARTI	DEATH WAS CAUSED	BY: E CAUSE (a)	Corona		lusio	n			minu	
	41	00		AS A CONSEQU	IENCE OF						
2	gave	ions, if any, which rise to immediate	(b)							100	
		a) stating the <u>under</u> ause last.	DUE TO, OR	AS A CONSEQU	ENCE OF						
2		SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	ASE DR CONDITION	GIVEN IN PART 1 :a	L.			
1	19a DATE	OF OPERATION	19h CONDI	TION FOR WHIC	HOPERATION	WAS PERFORA	MED?			20 AUTOPSY	?
Tien	Ĕ									YES 🗆	NOX
MCDIT CEBTICION	210 EXTER	NAL CAUSE WAS	21b. TIME O HOUR A.A	FINJURY A. MONTH DAY	YEAR 21c. H	HOW INJURY	OCCURRED LEN	HTER NATURE OF INJURY	IN ITEM 18 PART 1 O	R PART 2}	
14.0	CONTRIBU	TING CAUSE OF D	DEATH P.M	١.	19	00.410.1		ICIS En			
200	WHILE	OCCURRED NOT WHILE AT WORK		OF INJURY AT I	HOME, ZII LO	OCATION STREET		CITY OF TOWN		COUNTY	STATE
	AT WORK	AT WORK						1 (7	>		
		rtify that I taak chern					Inspection X		and in m	y apinian	
	death res	olted fram: Nati	causes X.	Accident,	Suicide	, Hamici		ndetermined manne	er .		
	ACTUAL	. ///	Le	_		M.D. De	meter	MEDICAL EXAMINE	DA DA	TE 2-6-8	34
	Section 10	// "	Y							SINED	
	TYPE OR P	Earl Earl	L. Roy	er, M.I).	ADDRESS 4			., Sa.	lisbury,	Md.
234	BURIAL, CREA	ATION, REMOVAL 2	3b DATE	23c NAME	OF CEMETERY	OR CREMATO	DRY 230	d. LOCATION CITY OR TOWN		COUNTY S	TATE
74	FUNERAL DIR	CTOR	2-11-8	4 Lic	14 611	12	250. DATE REC'D	BY REGISTRAR	b ADGISTRAR	S SIGNATURE	d.
	Jolley		Home	Salishu	rv. Mo	1.	FEB 9	1984	John	2. Com	Ki
=		- 43142 42			- ,y 9 110			-	4/		1

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6	1.	FOR STATE	DE	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYG	TIENE 0 5 3 0	2
		REGISTRAR CEASED NAME FIRST OR PRINT) ETHE	WIDDLE		AST ROWN	REG. NO. 20. DATE OF DEATH MONTH FEBRUARY	DAY YEAR 26 HOU 4, 1984 1615
4 moy	3. SE		A RACE CAUC.	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 7 8 YRS.	IF UNDER LYEAR IF UNDER
deoth. Poge thin 72 Agent		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH
by the filed with	S.	alisbury	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACELITY, GN Peninsula	Genera		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINES INDUSTRY
in 24 hours in should be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	VITY I3t. CITY O	ER TOWN SVILLE	13d. INSIDE CITY LIMITS? YES NO (2) 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP CODE	122185
ampletel lond 2	7	Charles	Α.	Nace	Mary	G. Shar	nks
on ond c		VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (® YES, GIV	C. 111.12 CO. D. 1850.	16-6022	17 INFORMANT	ADDRESS	APPROXIMATE INTERV
that the death certily by the attending peose remove carbon of, cremation, or remover or other troumatic events		Conditions, if any, which gave rise to immediate couse (o1, stating the underlying couse lost.	DUE TO, OR AS A COM	CARD		GILURE	YRS.
requires	VION	PART 2. OTHER SIGNIFICANT (-			T200 AUTOPSY? T206 IF YES	ZEN IN PART TO
he has	CERTIFICATION	218. ACCIDENT WAS UNDERLYING		WHICH OPERATIO		IN CERTIF	S NO
IG PHYSICIAN: TI ottending physicic for this certificate s the buriol-transit in and Mental Hygistreed or item 18 sh	MEDICAL O	OR CONTRIBUTING CAME OF DE. (B. EITHER, NOTBY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONT	19	211 LOCATION STREET	CITY OR IOWN	COUNTY ST.
TO HOSPITAL OR ATTENDING retoined by the hospital or off TO FUNERAL DIRECTOR: Affect should be detached for use as it with the State Dept. of Health of IMPORTANT: If them 21 is market.	11	226. I certify that (I) (this hospi	ot) view the body ofter death	1988,0	DEGREE ATTENDING PHYSICIAN [1]	death occurred on the date and hou	2/2/2/2
BP	23a. I	BURIAL, CREMATION, REMOVAL	236. DATE 2/9/1984		EMETERY OR CREMATORY Sburg Cemeter	y Parsonsburg	Wicomico Mc
OHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Holloway Funera		DRESS Salishue		B 1 0 1984	RAR'S SIGNATURE

DROWN THE SHAME THEFT

Scanstress

G. Shanks A. Nace nary Charles

Burial 2/9/1964 Parsonsburg Cemetery Parsonsburg Micomico Md.

Holloway runeral none, P.A. Salisbury, W.

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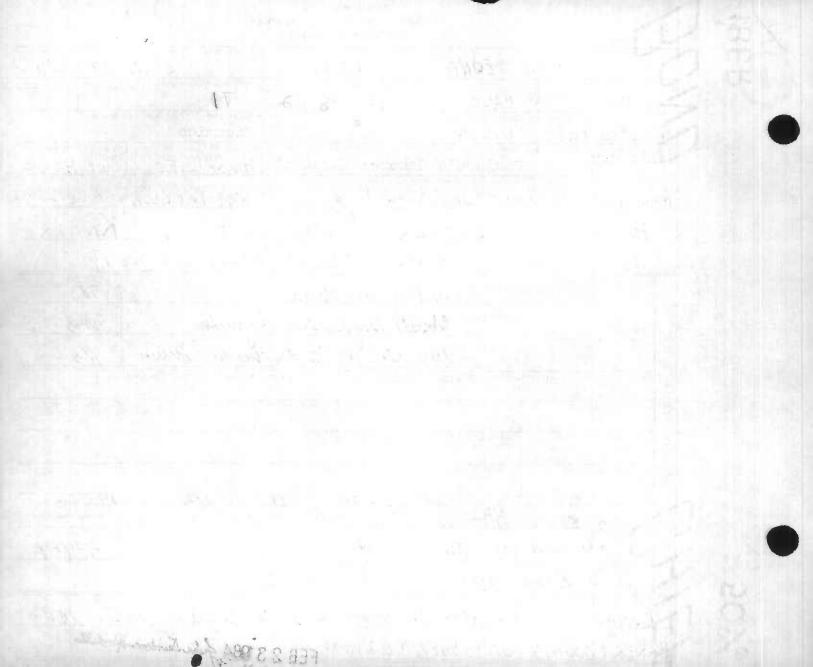
215-07-6290 wilnut St., Box 87 Mebron, M. 21830

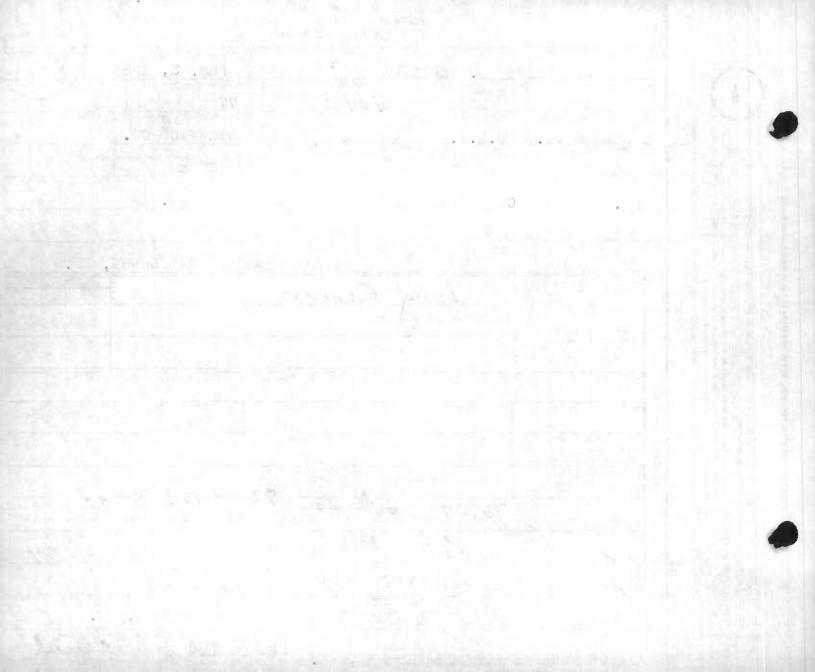
Salisbury, d.21001

Stringhill memory Gardens mebron Wicomico maryland 2/21/64 Surial holloway Funcral noise, . N. salisbury, id.



13	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENEO 5 4 0 1	<u> </u>
death death	(TYPE	CEASED NAME OR PRINT)	PANI	CASSIC	2 2	
ofter. p	3. SE	EMKE	1 RACE CAUC	5. DATE OF BIRTH MONTH DAY PEAR 12 19 19 19 19 19 19 19 19 19		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
172 to		RTHPLACE (STATE OR FOREIGN ZCLTON, Pa	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD.
1100	Sa	IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge	G HOME OR OTHER INSTITUTION ADDRESS) Neral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSE WIFE	12b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11/35	130	ARYLAND WIE	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW DMILO SALLS OU	N 13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / ZIP CODE	4 Ave 21801
omplete ond 2		HARRY L	DRESHE	15. MOTHER'S MAIDEN NA MARY	ARE MIDDLE	KNORR
S. Pages		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU ME WAR OR DATES! 900-13-5	1600 Stephen	CASSIC See So	
physicie emovol. event, th		PART I. DEATH WAS CAUSE	oly one couse per line for (a), (b), one (b) BY: TE CAUSE (b)	ightie Styck		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtending ve carbo ian, or re iumatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	de lunardial of	Perfeccion	DAYS
ase remoti		gove rise to immediate couse (D), stating the underlying couse lost.	DUE TO, OR A A CONSEQUE	NCE OF the Cardino	asculu Dunin	413
Then plea to burial, injury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 110
prio y	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
ental Hygiene them 18 shaws		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)
s the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
for use a af Health 21 is ma	N	sow the deceased alive on	tol) ottended the deceased from	84, and that in (my) (our) opinion	death occurred on the date and hour	19, that (B) (we) last rand from the causes stated
AL DIREC detoched ate Dept. IT: If Item		22b. SIGNATURE	d M. Cum	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/21/84
should be detected with the State DIMPORTANT: If		224 PHYSICIAN'S NAME (TYPE O	D MA	27e ADDRESS PHN	10	
<u></u>	23a, I	BURIAL, CREMATION, REMOVAL	236 GATE 23/1984 EN	TOMOMENT WIL MEMI	23d LOCATION SALJSDURY W	COUNTY M SPATE
16 50M 4/83 RA 15, 4)	24 F	UNERAL DIRECTOR A KER & BOUND	SALIS BUNGA,	MARCAL	TE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE





V		FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	10
1		CEASED NAME FIRST PURPLE OR PRINT)	Augusta	CROPPER	20. DATE OF DEATH MONTH	9,1984 1035 N
	3. SE	Female	White	5. DATE OF BIRTH 19 1923	6 AGE (IN YEARS LAST BIRTHDAY) 60 YRS	MONTHS DAYS HOURS MIN.
1 12 35		RIHPLACE (STATE OR FOREIGN)	USA	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	TY OF DEATH ME
180		TY OR TOWN OF DEATH / T	(IE NOT IN SUCH FACILITY, GIVE		120 USUAL OCCUPATION (1YPE DE WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
d within 24 hours ond 3 specials in b	USU 13a S Ma	AL RESIDENCE (IE MURSING INTERIOR STATE TYLAND THER'S NAME FIRST **MORE THER'S NAME **MORE THER'S NAM	Burney HASHINGHOLD OLD WEST PERIOR	15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / ZIP CO Rt. 3. Box 2 ME Trail	2 Sunset Lake er Park
ote be executed within 24 hours yildon and equipletely filled in bi open. Pages bind 3 yearld be fill to the greatiscolorgides in adults of	160,	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT 14 6561 Edward J.	Anora Rt. 3 CropperSunse	Elliott Box 22 t Lake Traile
ING PHYSICIAN: The low requires that the death entities of the contending physician. Where this certificate has been signed by the attending part that burial-transit permit. Then please remove carbon, at the and Mental Hygiene prior to burial, cremation, or remain acked at them 18 shows any injury, or other troumatic.	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	Dealer for while	0	GIVEN IN PART 110
The low residence of the second of the secon	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF Y	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The andring physicic this certificate e burial-transit d Mental Hygician 18 she	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART (OR PART 2) COUNTY STATE
DR. A DR. A Heol	2	WHIE AT WORK 270.1 certify that (1) (this name) it saw the deceased also an above. (1) (we) (did) (did not	ol) ottended the deceased	from 1995	deoth occurred on the date and h	, 19 that (I) (we) fost
TO HOSPITAL OR ATT retoined by the hospit TO FUNERAL DIRECT should be detached to with the Stote Dept. of IMPORTANT; if them 21		226 SIGNATURE 226 PHYSICIAN'S NAME (11996 OR	ytale T	Salisbum 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED 2 G G G
₽₽		Burial, CREMATION, REMOVAL	23b. DATE 2/11/84	23. NAME OF CEMETERY OR CREMATORY Riverside Cemeter	23d LOCATION CITY OF TOWN TV Berlin	county state Orcester MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	uneral director nname A. Burbag	100 57411	iams Street FER	TE REC'D. BY REGISTRAR 256. REG	

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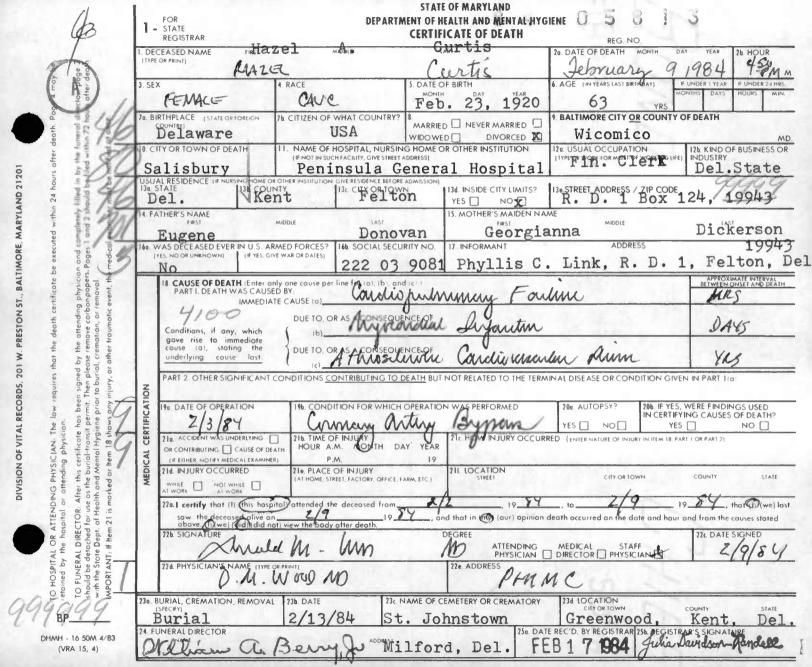
1 10		FORS 18-22 STATE REGISTRAR CEASED NAME	2a 3/22	/84 mtb]	DEPARTMENT OF EDICAL EXAMIN	HEALTH	AND MEN	TAL HYGIE	ATH REG.			
The state of the s	ITY	PE OR PRINT)	Alle		H-	C	2207		26. DATE KNOWN OF ESTI- DEATH MATED	_	22-1984	Zb. HOUR
150	1	ale Wh	ite	oct. 20	1923 LAST SIRTHO	MONT		JNDER 24 HRS	PRONOUNCED DEAD	2	22 19 84	24. HOUR
NECESS.	M	RTHPLACE (STATE C PREIGN COUNTRY) aryland		U.S.A.		WIDOW		IVORCED	9. BALTIMORE CITY Wicom	ico	TY OF DEATH	MD.
PAGE THE	1 5	ry or town of the salisbur	:y	Penins	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) ula Gener	al H		FOR	SUAL OCCUPATION (T R MOST OF WORKING LIFE) I reman	YPE OF WORK	12b. KIND OF BUS OR INDUSTR	INESS
21201 FAMO 3 FAMO 3 FAM	13 ₆ . S	AL RESIDENCE (# 184 JATE Maryland	NURSING HOME COUNTY	OR OTHER INSTITUTION, C TY Mico	13c. CITY OR TOWN Bivalve	ION)	13d INSIDE CITY LI	MITS? 13e. ST	REET ADDRESS .0. Box 13		21814	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VRA 15, 4)

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Holloway Funeral Lone, E.A. Salisbury, .d.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGIENE

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Holloway Funeral Home, P.A. Salisbury, Md.

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REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

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7h HOUR

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M. Toon, M.D. Burial 2/15/1984

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 4/83 (VRA 15, 4)

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arlow (Brother) d., Salisbury, Nd. 21801	old Ocean City R	14-10-8339	2	ok

5. n. Abrams, M.D.

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2/7/1984 Parsons Cemetery

Salisbury Wicomiec Nd Molloway Funeral Home, P.A. Salisbury, d.

reninsula General Medical Ctr., Salisbury, d.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) 2005 FEARS DEATH MATED SARAH MARTHA 2d HOUR DATE OF BIRTH IF UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED 2-15-84 Jan. 17,1895 FEMALE WHITE 898 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED V NEVER MARRIED FOREIGN COUNTRY Wicomico USA MARYLAND CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS Peninsula General Hospital Salisbury HOUSEWIFE OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET West Berlin. 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN WORCESTER 103 Buckingham Rd. MARYLAND BERLIN 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Hill Tennant Birch Margaret ADDRES03 W. Bucking-166 SOCIAL SECURITY NO. 17. INFORMANT Me WAS DECEASED EVER IN U.S. ARMED FORCES? 215 24 7813 Mr. Fred Fears, Jr. ham Rd., Berlin 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Ventricular Fibrillation minutes IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Arterioscleroc Cardiovascular Disease vears gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 220 I certify that I took charge of the remains described obave, held an Autopsy PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TI BAMIMORE, MARYLAI death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNED 2-16-84 Deputy _MEDICAL EXAMINER EXAMINE HAME Earl L. Royer, M.D. Camden Ave., Salisbury, Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR S SKINA 14 FUNATINGTA. Burbage Burbage Funeral Home, Berlin, Md. **DHMH** - 17 (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3, 5E	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1	FENALE		BLACE	2	MAH	26, 1923	60	YRS	DATS	HOURS MIN.
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	MARYLAH	D	USA		WIDOWE		Wicomico			MD
10 C	ITY OR TOWN OF	DEATH		DSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATE		126. KIND O	OF BUSINESS OR
No.	Salisbury	3	Deer's	Head Ce	nter		LABORE		INDUSTRI	
	AL RESIDENCE (#	NURSING HOME OR 131 COUNDO	ITY	AMBRIDO	4	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		1613
14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
	JAMES			RINE		ROSETTA	MIDDEC	LEAT	HERB	
	WAS DECEASED E		MED FORCES? 1	66 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	SS		
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1	/	1.56	rest	9	/	1) ATTENDING PHYSICIAN X	MEDICAL STAF		02-	26-84
	22d. PHYSICIAN	S NAME (TYPE O	R PRINT)			22e ADDRESS				
	Mahesw	ari Shr	estha, M	1.D.		Deer's Head	Center; Sal	isbury	Md.	21801
	BURIAL, CREMATE (SPECIFY) BUR	ON, REMOVAL	236. DATE 03-01-			EMETERY OR CREMATORY	CAMBRII	OGE '	DOR	. MD.
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DHMH - 16 50M 4/83 (VRA 15, 4)

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- u -	1-	ems 18-22a 4/10, for state registrar		STATE OF MARYLAND ENT OF HEALTH AND MENTAI XAMINER'S CERTIFICATE	OF DEATH REG. NO.	7
6	(TYF	CEASED NAME FIRST SE OR PRINT)	NA	GREEN	OF ESTI. A.A. DEATH MATED	111
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S NECESS FUNERA WITHIN	200	MANUAL DISTRICT OF DEATH	17. CITIZEN OF WHAT COUNTY	WIDOWED DIVO	RRIED WICOMICO CO	OUNTY MD. DE WORK 112b, KIND OF BUSINESS
V DELAY IS 33 TO THE PAGE ILD BE FILED ORDS 2011	050	alisbury	(IF NOT IN SUCH FACILITY, GIVE STRI Peninsula Hosp	ital	SIDE STREET ADDRESS 16KL	OR INDUSTRY
MD. 2129 H. F. AND 1. 2. AND 0.2 SHOULD CITAL/PECO	THE	Marylan C	Vico de	15. MOTHER'S MA	1 SHAWNER -	S+ 2/80/
		WAS DECEASED EVER IN U.S. AF res. no. op/unknown) (IF yes, givi	MCN	AL SECURITY NO. 17. INFORMANT OR SECURITY NO. 17. INFORMANT	SSA NADDRESS	10H SHAWARER
ST.,		PART I DEATH WAS CAUS	Ny one couse per line for (a), (b), (b), (b) BY: Ectopic (TE CAUSE (a) ULE TO, OR AS A CONS	Tubal pregnancy		APROXIMATE INTERVAL BE WEEN ONSET AND DEATH
VISION OF VITAL RECORDS, 201 W. PRESTON CERTIFICATE SHOULD BE EXECUTED WITHIN 24 ITING THE WORD "PENDING" IN PENCIL IN ITEM DED TO THE CHIEF MEDICAL EXAMINER ALON STANULD BE USED AS A BURIAL—TRANSIT PER DEPARTMENT OF HEATTH AND MENTAL HYGIEF I PRIOR TO BURIAL, CREMATION, OR REMOVAIL		Conditions, it ony, which gave rise to immediate couse (o) stating the under lying cause last.	(b)			
TAL RECORDS, 201 V HOULD BE EXECUTED ROWNING IN	NO	PART 2 OTHER SIGNIFICANT CONDITION	(c) BUT NOT RELATE	D TO THE TERMINAL DISEASE OR CONDITION GIVEN II	N PART 1 (a	
SHOULD E SHOULD E OND "PEN CHIEF M SE USED A SURIAL, CI	TIFICATION	19c. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES 🛣 NO 🗆
INFICATE SO THE WOULD BE ARTIMENT	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	RRED LENTER MATURE OF INJURY IN ITEM 18 PA	KRT 1 OR PART 2)
ZAZAZAZ HI	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	71e. PLACE OF INJURY STREET, FACTORY, FARM, ETC	.) STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNEAL DIRECTOR: 8 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND.			ge of the remains described obov oral couses X, Accident	Suicide , Homicide TITLE (SPECIFY	Undetermined monner .	DATE SIGNED 2-11-84
TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE	23a. 8	EXAMINER'S NAME (TYPE OR PRINT) M	argarita A. Kore	ADDRESS 11	11 Penn Street	
BP 5 8 2 DHMH - 17 (VR A15 ME (5))	K	SPECIFY BLUEL SP	2-15-84 H	conficient Mento	THE REC'S BY REGISTRAN (SO REGISTRAN)	TRAR'S SIGNATURE

Seld the Co The state of the s

	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYD ICATE OF DEATH	SIENE Ü	REG. NO.	4 0
deorth 3			FIRST		HOMAS	S. DATE C	Syston Jr	Februa 6. AGE (INYEA	xx 18,	0AY YEAR 26. HOUR 1984 0109 IF UNDER 1 YEAR 1F UNDER 24 HRS
ors of		Male	4	Whit			y 12, 1908	75	YRS	MONTHS DAYS HOURS MIN.
at once		RTHPLACE ISTATE OR FO		USA	WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED	Wic	OMICO	M
by the filled with	, 5	ty or town of dea Salisbury		Penin	CH FACILITY, GIVE STREET A Sula Get	nera.	ROTHER INSTITUTION 1 Hospital	12a USUAL OC (TYPE OF WORK FI	OR MOST OF WORKING	126. KIND OF BUSINESS OF INDUSTRY. Retail Groce
filled in	130. 5	AL RESIDENCE IN NURSI STATE Tyland	NG HOME OR OTH 136. COUNTY WICOM		Sal isbur	N	13d. INSIDE CITY LIMITS?	13e. STREET AD	Benjamin	Avenue 80/
15007	14. FA	George	The	oue	Grot	on	Betty			Watkinson
Pages Pages	160 V	VAS DECEASED EVER I	U.S. ARMEI		166. SOCIAL SECU		Robert T.	Groton	Laurel	, Delaware
n signed by the attending. Then please remove carb it a burial, cremation, or r injury, or other troumotic	NO	Conditions, if any, gave rise to imm cause (a), staling underlying couse PART 2. OTHER SIGN	nediate g the lost	(c)	ONTRIBUTING TO D	74	NOT RELATED TO THE TERA	MINAL DISEASE	DR CONDITION (SIVEN IN PART 1/0
os bee	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	SY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
the burial-transit pand Mental Hygies		218. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM 1	8 PART I OR PART 2}
os the bur lith and Me arked ar it	MEDICAL	21d. INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	214. LOCATION STREET		CITY OR TOWN	COUNTY STATE
for use of Hea 21 is m		220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an	2,	118 19.	/		death accurred	on the date and h	, 19, that (1) (we) los aur and fram the couses stated
DIRECTOR. ached for us Dept. of He if Hem 21 is		Th. SIGNATURE	11	17)		DEGREE ATTENDING PHYSICIAN &	MEDICAL DIRECTOR	STAFF	22c. DATE SIGNED
should be detached with the State Dept.	1	224. PHYSICIAN'S NA	ME :1774 64 F4	lo,			22e ADDRESS	11		1 10 0 7

		. The second		CMAS	EORGE TH	10	
	7.5	8081	.SI y1	it 9	tide	9164	
	Micorico		×		asu	USA Va.	
Retail Grocery	Clerk	[=+]g	115 - 150	eyest at a	126167		
Avenue	123 Benjamin		×	Salisbury	wicomico	bnslyns	И
Watkinson	Frances	vit	98	Groton	Thomas	George	
. Delaware	Proton Laurel	bert T. C	09 8	227-05-359		No	

Burial

2/19/84

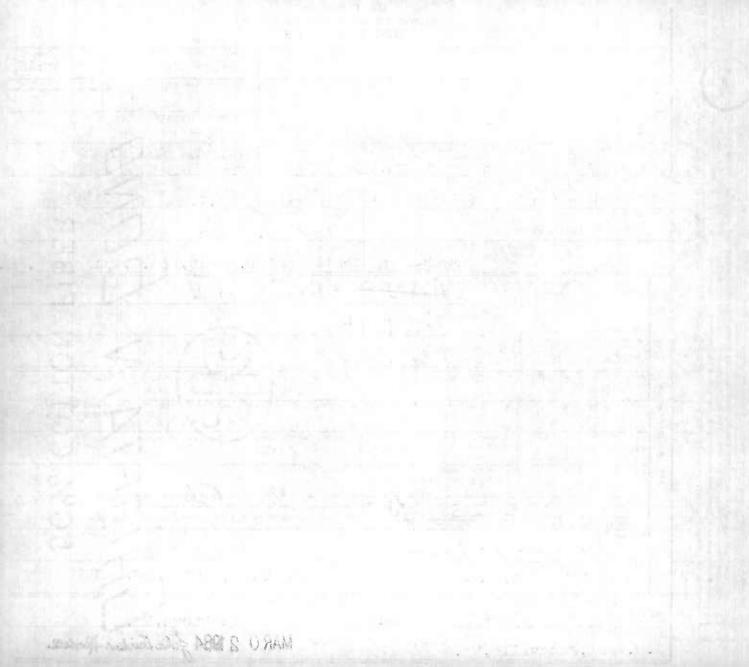
Parksley Cemetery Parksley John T. Williams P.C. Box 527, Parksley, 74.7

Accomack

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG	REG. N	10.	
		CEASED NAME FIRST MARGARET S.		WIDDLE		LAST	20. DATE OF DEATH 2-24-84	MONTH DAY YEAR	10:45PM
	3 SEX	MALE	4 RACE S. DATE OF				6 AGE (IN YEARS LAST BI	IRTHDAY) IF UNDER 1 YE MONTHS DATE	
5	1	RTHPLACE (STATE OR FOREIGN COUNTRY) /TRGINIA	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW				BALTIMORE CITY	OR COUNTY OF DEATH	MD.
1	J.V	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET RLIN NURS	ING H	OME	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE) INDUSTE	O OF BUSINESS OR
5	130. S Ma	AL RESIDENCE (IF NURSING HOME OF ATTE 136 COU	NTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW alisbu	/N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Rte. 7. Bo		301
4	2	Joseph Savag		LAST	101711-10	15. MOTHER'S MAIDEN NA. FIRST Annie M.	MIDDLE		LAST
/		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	229-05-		Cecil Hamle		Rte.7,Sali	sbury, Md
	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	11	P ·	AIN AL DISEASE OR CON	NDITION GIVEN IN PART	1(o)
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) (this hosp sow the deceased alive of above, (I) (we) (did) (did no 22b. SIGNATURE	P 21e. PLACE (AT MOME, STR itol) or inded and itoly view the body	M. MONTH D. M. OF INJURY BET, FACTORY, OFFICE, F	Jun.	211. LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	to City OR To	OWN COUNTY 19 date and hour and from to 22c. DA	STATE _, that (I) (we) lost
		FEDERICO ART).		3 BAY ST	REET, BERLI	N, MD. 218	11
	Bi	urial, cremation, removal specify) lrial	23b. DATE 2/26/		nkto		23d LOCATION CITY OF TOWN Franktov		STATE
		N. Fox East	zille.V	ADDRESS		MAR	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1256. REGISTRAR'S SIGN	



	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST	Tille 4	MIDDLE	11	AST	20 DATE OF D	EATH MO	NTH D	AY YEAR	2b. HOUR
2 05		essie	RACE	llips	Ha	s/ Ings	6. AGE IN YEA	SLAST BIRTHID	19	FUNDER I YEAR	1603 M
3 SE	Fermale		Whit	е	5. DATE O	DAY YEAR	79	KS LASI BIKIMUA	M	8 22	HOURS MIN.
70. BI	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY	2 8.		9 BALTIMORI	CITY OR C	OUNTY		
	aryland		U. S	. A.	WIDOW	D NEVER MARRIED DIVORCED	Wico	mico			MD
10 CI	TY OR TOWN OF DEA Salisbury	TH 1	1. NAME OF		ING HOME	OR OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK F Seamt)	OR MOST OF WO		INDUSTRY	of Business Or
30. 5	AL RESIDENCE (IF NURSI	ING HOME OR O	THER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13º STREET AD	DRESS / 71	P CODE		
-	THER'S NAME		IDDIE	LAST		15. MOTHER'S MAIDEN N.	AME	7/3	01 00	LAS	
	rman Phi	llips				Cenobia P	hillip	3			
. 0	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	16b SOCIAL SEC		17 INFORMANT		ADDRESS	,	Tim	
N	0		i wa	221-03)-115	June Eskr	idge (Orlan	do,	Fl.	
	18 CAUSE OF DEATH	H (Enter anly	ane cause pe BY:	er line for (a), (b)	ind (c1.)	21.0.0 = 1.	2	,		BETWEEN	ONSET AND DEATH
		IMMEDIATE			-WET	ologenic.	3 Noc	K	-		
	4290	2	DUE TO, C	OR AS A CONSEQU	UPNCE OF	3	AUE				
	Conditions, if any, gave rise to imm		(b)_	J	123	rac long	C 117			-	
	couse (a), stating underlying cause		DUE TO, C	OR AS A CONSEO	ENCE OF	(11)				1	
	DART 2 OTHER SICK	HEICANIT CO	(c)_	ONITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	AINIAI DICEACE	OR CONDIT	ON CIVE	NI INI DADT I	
NO O	PART 2 OTTICK SIGN	AILICAIAI CC	NOMON3 <u>c</u>	ONNIBOTINO	Z DEATH BOT	NOT RELATED TO THE TER	WIINAL DISEASE	OK CONDIT	ON GIVE	N IN PART II	0
CERTIFICATION	198 DATE OF OPERAT	ION	19b. COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOP	SY? 26	Ib. IF YES, I CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
	210 ACCIDENT WAS UND			OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN	ITEM 18 PA	RT + OR PART 2)	
CAL	(IF EITHER NOTIFY MEDIC		P	P.M.	19						
MEDICAL	21d INJURY OCCURR			OF INJURY	, FARM, ETC)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
~	AT WORK AT WOR	KK LIE				/	(>/		10	
	220.1 certify that (1)		il) attended to	he deceased fram	10	19 19 8	4. ta	-/-	71	90	that (1) (we) last
	saw the decease obove, (I) (we) (d	lid) (did nat)	view the body	y after/death.	- /	nd that in (my) (aur) apınıar	death accurred	an the date	and haur		
	22b. SIGNATURE	NA	1-1			DEGREE ATTENDING	MEDICAL	STAFF		22c. DATE	SIGNED
	224 PHYSICIANS N	XX	PID		300	PHYSICIAN	DIRECTOR _		1 🗌		
	III PHISCIANS N	SHE THE OF	MAIL!			??e ADDRESS					
23a E	BURIAL, CREMATION,	REMÓVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION			
E	ürial		2-22-	1984 8	pring	ghill Memor		rown Shurw	W-	COUNTY	STATE
24 FI	UNERAL DIRECTOR	100					TE REC'D. BY REC		REGISTR	AR'S SIGNAT	TURE
Ma	rvel-Sho	et. Fu	neral	Home	Delma	ar. Del. FE	B 2 2 19	184	chia Da	vidson-7	fandell

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

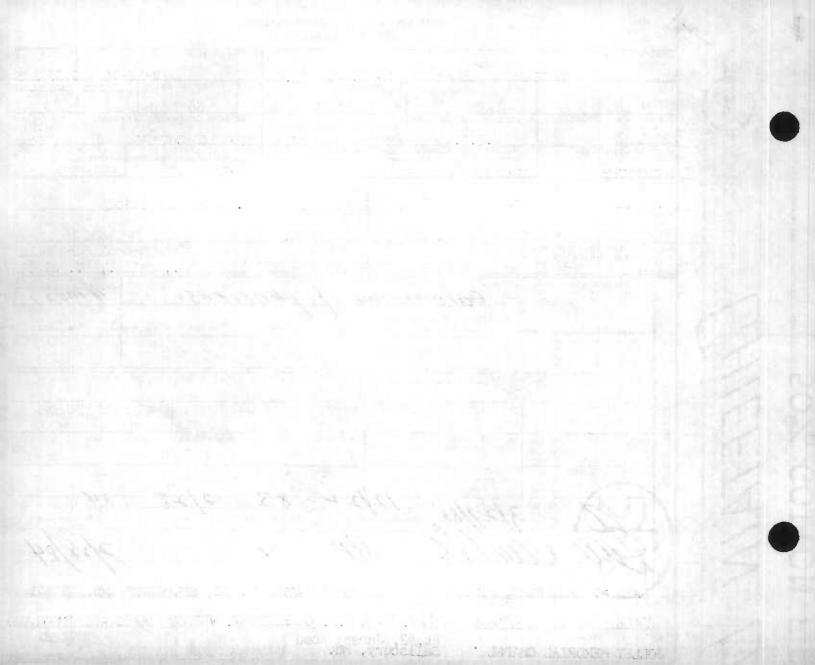
LEAD THE BASINESS OF THE PROPERTY OF THE STATE OF THE STA on removed the restricted forth and comment administration of the contract of development of the second of t ar Siller award lan . Del 108 bearing the second and the second an

Laurel, Tolaware 11. o. A. רח עכר הפח Forest Grove Road laryland iconico arsonsburc Lloyd בפר דום Penry 220-12-16 5 1022 Fair roundhirve, alisbury, 51ster21801

salisbury Micomic maryland

Holloway Funeral Lone. P.A. Salisbury. d. 180

Surial 3/5/1904 aroans senetary



	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 0 5	8 3 3 o.	
		CEASED NAME FIRST		WIDDLE	LA	ST		MONTH DAY YEA	R 2b. HOUR
		Daisy		M.	Нор	kins	2-21-84		6:35
	3. SE		4. RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24
	1	Female		gro	Feb.	20, 1896	88	YRS.	
81		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		☐ NEVER MARRIED ☐		OR COUNTY OF DEATH	Н
16-	TID C	odesdale, Md.		HOSPITAL NURSIN	WIDOWED	DIVORCED C	Wicomic		ID OF BUSINES
411	1	1	(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS)	COTTLEX INSTITUTION	TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUST	TRY
1	1050	Calisbury AL RESIDENCE (IF NURSING HOME	Deer OF OTHER INSTITUTION	r S Head (Center		Housewile	Acme Mtown	n Home
3/1	13a.	STATE 131 CO	UNTY	13c. CITY OR TOW	N 1	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1.0	216
1		aryland Dor	chester	Hurlock		YES NO	Rt. 1, Bo	x 43	270
1991		FIRST	WIDDLE	emby			Sally Ann Hi	111	LAST
8 1		WAS DECEASED EVER IN U.S.	ARMED FORCES?		IRITY NO.	17 INFORMANT		ESS East New	Market
7	100	(YES, NO ONNKNOWN) (IF YES,	GIVE WAR OR DATES!	218-07-3	460A	Mrs. Elizabe			
r other troumotic	1	underlying cause last.							
is any injury, or	FICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D			20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
shows any injury.	ERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH		I WAS PERFORMED	20a AUTOPSY? YES NO S	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEAT NO
18 shaws any injury.	A CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	196. COND	DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION		20a AUTOPSY? YES NO S	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEAT NO
hem 18 shaws ony injury.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	19b. COND 19b. TIME (DEATH HOUR A	OITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION	I WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEAT NO
or Hem 18 shows any injury.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF COURRED	19% COND 19% COND 21% TIME (HOUR A P 21% PLACE	DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	I WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES THE TEM IS PART I OR PART	NDINGS USED SES OF DEAT NO [2]
or Hem 18 shows any injury.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E OF EITHER NOTIFY MEDICAL EXAMINATION OF THE OPERATION	196 COND 196 COND 216 TIME C HOUR A P 21e. PLACE (AT HOME, S1	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19	21c. HOW INJURY OCCUR 21l. LOCATION STREET	20a AUTOPSY? YES NO S RED (ENTER NATURE OF INJU	20b. IF YES, WERE FININ CERTIFYING CAU YES RY IN ITEM 18. PART I OR PART	NDINGS USEE SES OF DEAT NO [2]
hem 18 shaws ony injury.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IC (SE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased of the	21b. TIME C DEATH HOUR A P 21e. PLACE (AT HOME. S1	OF INJURY A.M. MONTH DA A.M. MONTH DA A.M. FOF INJURY IREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WERE FININ CERTIFYING CAU YES RY IN ITEM 18 PART I OR PART OWN COUNTY	NDINGS USEES OF DEAT NO [22]
or Hem 18 shows any injury.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I OF THE CONTRIBUTION OF THE	216. TIME ON HOUR A AGER! PLACE (AT HOME. ST. AT HOME. ST	OF INJURY OF INJURY O.M. MONTH DA O.M. EOF INJURY TREET, FACTORY, OFFICE, F he deceased from 19 y after death.	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPSY? YES NO S RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WERE FININ CERTIFYING CAU YES THE TIME TO	NDINGS USED SES OF DEATH NO 22
If hem 21 is morked or hem 18 shows any injury.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (GE EITHER NOTHER WEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased olive above, (1) (we) (did) (did)	216. TIME ON HOUR A AGER! PLACE (AT HOME. ST. AT HOME. ST	OF INJURY A.M. MONTH DA A.M. MONTH DA A.M. FOF INJURY IREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 d that in (my) (our) opinion EGREE ATTENDING	20a AUTOPSY? YES NO S RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the di	20b. IF YES, WERE FININ CERTIFYING CAU YES RY IN ITEM 18. PART I OR PART WWN COUNTY , 19 ofe and hour and from	NDINGS USED SES OF DEATH NO 2) 51
VT: If hem 21 is morked or hem 18 shows ony injury,		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (GE EITHER NOTHER WEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased olive above, (1) (we) (did) (did)	21b. TIME COND DEATH HOUR A P 21e. PLACE (AT HOME. ST	OF INJURY OF INJURY O.M. MONTH DA O.M. EOF INJURY TREET, FACTORY, OFFICE, F he deceased from 19 y after death.	OPERATION AY YEAR 19 ARM, ETC.)	211. LOCATION STREET 2 that in (my) (our) opinion EGREE	20a AUTOPSY? YES NO SERED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the de	20b. IF YES, WERE FININ CERTIFYING CAU YES RY IN ITEM 18. PART I OR PART WWN COUNTY , 19 ofe and hour and from	NDINGS USED SES OF DEATH NO 2
in Dept. or rectin and wentor hybrane print to our		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CURRED AT WORK AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did) 226. SIGNATURE 226. PHYSICIAN'S NAME (TYP)	21b. TIME CHOR A PERINT PITCH THE BOD TO THE BOD THE BOD TO THE BO	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F the deceased from y after death.	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 4 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN (22e ADDRESS	20a AUTOPSY? YES NO SERED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the di MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WERE FININ CERTIFYING CAU YES PRY IN ITEM 18 PART I OR PART OWN COUNTY TO THE PROPERTY OF THE P	NDINGS USED SES OF DEATH NO [2] st , that (I) (w the couses star
If hem 21 is morked or hem 18 shows any injury.	WEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. Certify that (1) (this has sow the deceased olive obove, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME CHOR A PERINT PITCH THE BOD TO THE BOD THE BOD TO THE BOD THE BOD TO THE BOD T	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F he deceased from y after death. P.S. HA D.	OPERATION AY YEAR 19 JARM, ETC.)	211 LOCATION STREET 214 thot in (my) (our) opinion EGREE ATTENDING PHYSICIAN [20a AUTOPSY? YES NO SERED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the di MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WERE FININ CERTIFYING CAU YES PRY IN ITEM 18 PART I OR PART OWN COUNTY TO THE PROPERTY OF THE P	NDINGS USED SES OF DEATH NO [2] 51 , that (I) (w the couses state ATE SIGNED

Wemale Nerro Fec. 20, 1896 Ahodesdale, Id. U.S.A. Housewife ce town ome TANKET OFFICE COMPANY OF THE PARTY OF THE PA aryland orchester furlock . nt. 1, Fox 42 Ilianna list more v.d.me.u ast ew arket, 218-07-3460A Prs. *lizabeth 2. ennard, 10 ox 204, Md. tencestive have technic and the land when the state of Web. 25,1984 Washington Cemetery Hurlock, Dorrhester, Maryland Federalsburg Framptom-Hawkins . uneral ome, 216 . Fain St.

STATE OF MARYLAND. DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 7a. DATE OF DEATH 26. HOUR 12 · 00P M IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** WICOMICO COUNTY 126. KIND OF BUSINESS OR Retired Secretary Insurance E. Church Street Massie J. Roy Howie (Brother) Route #3 Box 310W Delmar, Md. 21875 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE ARTERIOSCLEROTIC HEART DISEASE YEARS 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED Salisbury Wicomico Maryland Parsons Cemetery BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

MAHOIloway Funeral Home, PonA.

Salisbury, Maryland

FOR - STATE

REGISTRAR

DECEASED NAME

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Roy Lowie (Brother)	Route #3 box	14-13-8506	2	ON

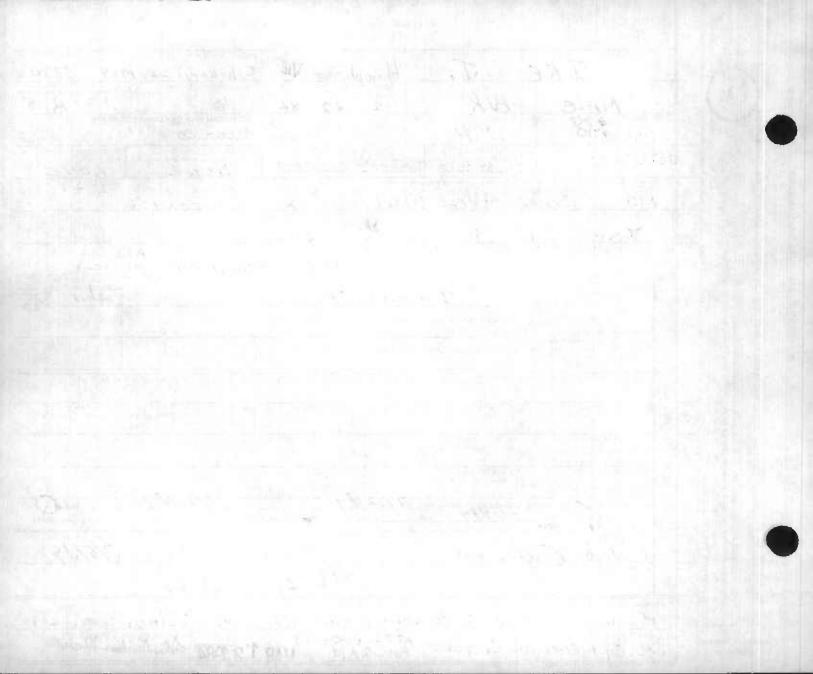
Burial 2/10/1004 Parsons Cemetery Salisbury Miconico Maryland Molloway Funeral home. P.A. Salisbury, naryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 26. HOUR 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-HUTT 6. AGE (IN YEARS IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico N OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Keane Ave. Salisbury 13d INSIDE CITY LIMITS? MIDDLE ADDRESS BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic Obstructive Lung Disease vears IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Congestive Heart Failure vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO. 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a I certify that I took charge in the remains described above, held on Autopsy death resulted fram-Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2-2-84 Deputy SIGNATURE Camden Ave., Salisbury, Md. Earl L. Royer, M.D. TYPE OR PRINT) In BURIAL, CREMATION, REMOVAL 236 DATE 24 FUNERAL DIRECTOR West Funeral Home, Salisbury, Md. (VR A15 ME (5)) 20M 4/82

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Holloway Funeral Home, P.A. Salisbury, Md.

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STATE OF MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

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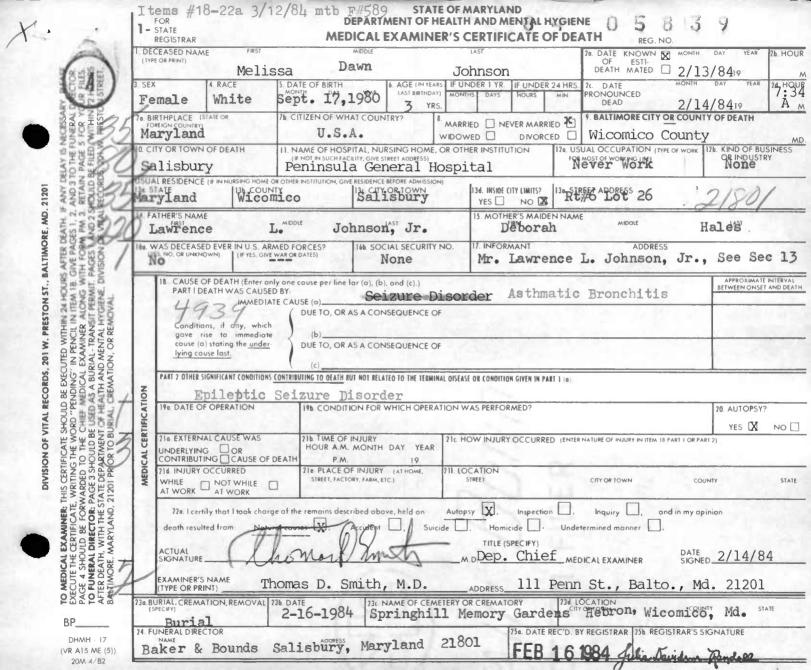
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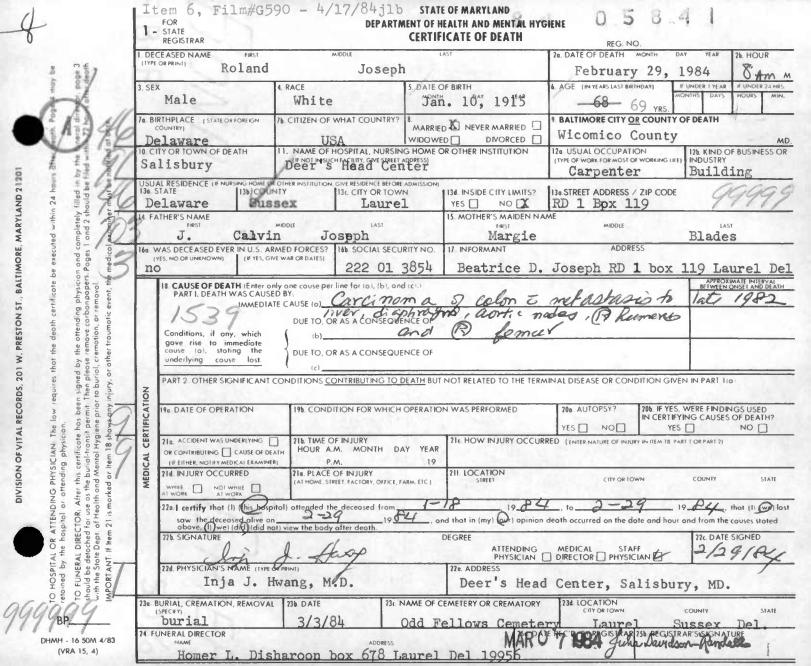
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230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/B2	FUNERAL DIRECTOR	108 Willia	Lewis Cemetery ms St. 2181 MAR	Pittsville, T	Wicomico M

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME Lewis 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Charles Henry 3. SEX 4. RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR DAYS 1893 White 08 12 90 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Willards, Md. Wicomico U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Railroad Worker Salisbury Peninsula General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 705 E. Church Street Wicomico Salisbury 13d. INSIDE CITY LIMITS? 21801 Maryland YES TT NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Edward Lewis Katherine Lewis Mary 17 INFORMANT WILSON Lewis ADDSon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. LYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 717-12-2769 1111 Middleneck Drive, Salisbury, Md.21801 No 18 CAUSE OF DEATH (Enter only one couse per line (a) (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, gove rise to immediate couse (o), stating underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 20b. IF YES, WERE FINDINGS USED % DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [2 TE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from _ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED MEDICAL ATTENDING. STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 72e. ADDRESS 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 2/13/1984 Wicomico Maryland Salisbury Parsons Cemetery

Holloway Funeral Home, P.A. Salisbury, Maryland FEB

250. DATE REC'D. BY REGISTRAR 250. RIGISTRAR'S SIGNATURE.

DHMH - 16 50M 4/83 (VRA 15, 4)

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in a	CERTIFICATION					
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	23a	URIAL, CREMATION, REMOVA	L 23b. DAJTE / 2	NAME OF CEMETERY OR CREMAT	OPY 23d LOCATION	
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/83	24 F	INERAL DIRECTOR	2 / 0	256	DATE REC'D. BY REGISTE	256 REGISTRAR'S SIGNATURE
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(VRA 15, 4)

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M. SE	ALE SIDATE OF BIRTH LAGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH PRONOUNCED 2-8-84	DAY YEAR	24 HOUR
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14. F	FRST MIDDLE LAST FIRST MIDDLE LAST	LAST	A. A.
	WAS DECEASED EVER IN U.S. ARMED FORCES? (16) SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (17) DOKIS FARLOW RIP BOX36	over, 25	Del
	PART I DEATH WAS CAUSED BY: Cirrhosis of Liver	APPROXIMATE BETWEEN ONSET	AND DEATH
	Canditions, if any, which gave rise to immediate (b) Chronic Alcoholism	year	s
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N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10		
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	270 Learning that I taak charge at the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my apin death resulted fram: Name I causes X, Accident , Suicide , Hamicide , Undetermined manner ,	ian	
	ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED	2-10-	84
		shury.	Md.
_	EXAMPTER'S NAME Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Sali	D D GIZ J ,	
(Examiner's Name Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Sali UNIA CREMATION REMOVAL 236 DATE 236	-h07	1

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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WER	E FINDI	NGS USER)
IF						YES T NOT		YES T	CAUSES	NO T	
ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF IN.			TIL HOW INJURY OCCURE	0 0			PART 2)		
	OR CONTRIBUTING CAUSE OF DEA		MONTH DA								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AHIPV	19	211 LOCATION						
ME		(AT HOME, STREET, F		ARM, ETC]	STREET	CITY OR TO	NN	CC	YTHUC	5	ATE
	AT WORK NOT WHILE			-0	1, 01	2/	-	-0	1		
	22a.1 certify that (this haspit			16	19.81	to	0	1907		that (1) (*	
	ta the devast did olive an	view the Kady alter	delith.	T. 1.0	ind that in (my)-(out) opinion	death accurred on the do	ite and h	our and f	rom the	couses sto	ted
	226. Michardre	1/000	1.11		DEGREE			2	2c. DAI	SIGNED	
	VAIII 1	Leful	Hes	-	MA ATTENDING PHYSICIAN D	MEDICAL STAF	FIAND	1	2/1	1/0	4
	224 PHYSICIAN'S NAME ITYLO	PRINT	0		22e ADDRESS	DIKECTOR PHYSIC	IAI4	- 12	14	101	
	EARL M. BEAR		D.								
					Salisbury Nu						
	BURIAL, CREMATION, REMOVAL				CEMETERY OR CREMATORY	23d. LOCATION		- COUN	NTY -		AJE .
	Burial	2/14/84	Me	eadow	ridge Mem. Pk.	Elkridge		Howa	rd	Mary	Tand
	UNERAL DIRECTOR	4 1 2 1 1 1 1 1 1 1 1		1		E REC'D. BY REGISTRAR					
Hu	ibbard Funeral F	Home, Inc.	4107 V	Wilke	ns Ave.	FRY 5 1084	1	lia Dai	Hasol	- Gand	lecc

DHMH - 16 50M 4/B2 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

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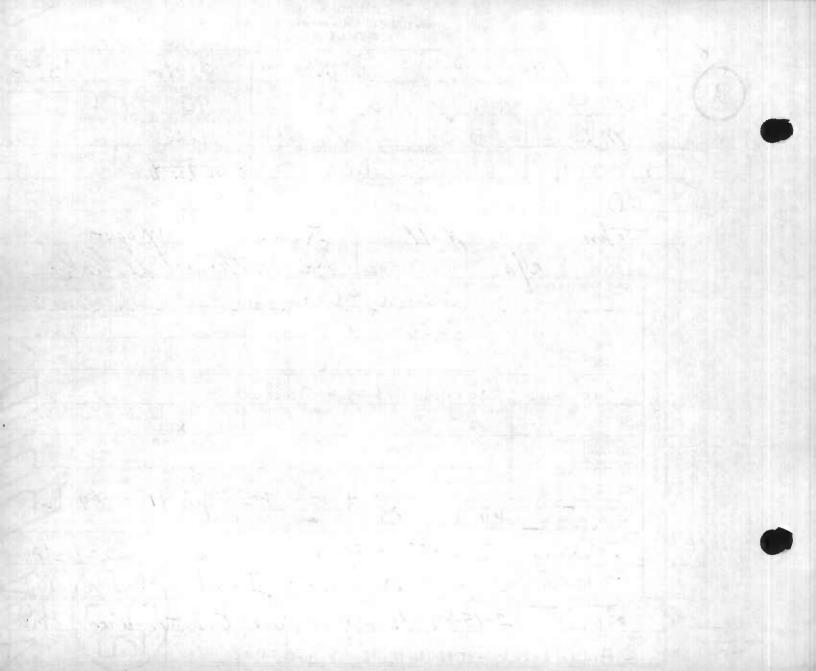
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2	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE EATH	0 5 6 4 REG. NO.	j .j
1 0	DECEASED NAME YPE OR PRINT) Willia		Mills	III	Ebruary 26	
), 3	Male	4 RACE White	5. DATE OF BIRTH	1 942	(IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTRY?	MARRIED LA NEVER MA	ARRIED 9 BAI	TIMORE CITY OR COUNTY Wicomico	OF DEATH MD
10	Salisbury	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge	ADDRESS)	(TYPE)	SUAL OCCUPATION DE WORK FOR MOST OF WORKING LIFE Disabled	126. KIND OF BUSINESS OR INDUSTRY
U:	OUAL RESIDENCE (IF NURSING HOME) B. STATE 13b. CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) # 134 IN SIDE CIT	Y LIMITS? 113e.ST	REET ADDRESS / ZIP CODE ute #1 Box 2	21849 11 Wainwright
H"	FATHER'S NAME William	d. Mills II	15. MOTHER'S			herson
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECTION OF SOCIAL SECTI		Mrs. Pa #1 Box 21	tricia P. Mili 1 Wainwright	ls (Wife) Ave, Parsonsbu
injury, or other troumotic		T CONDITIONS CONTRIBUTING TO	eune + u	representation	ouy feel	EN IN PART LIO
9	190. DATE OF OPERATION	196. CONDITION FOR WHICH			IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
Medical Geography	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 214. IN JURY OCCURRED WHILE NOT WHILE	19b. CONDITION FOR WHICH	AY YEAR 19 216 HOW INJUDE	MED 200 YE: URY OCCURRED (E	IN CERTIF	YING CAUSES OF DEATH?
/ Aspirar	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHER MEDICAL EXAM VALUE AT WORK 220.1 certify that (I) (his had so whe deceased alive obove. (I) we likely did 28b. 3 CONTRIBUTION OF THE CAUSE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, spital) attended the deceased from on 19 not) view the body after death.	AY YEAR 19 216. HOW INJUNE FARM, ETC.) 216. LOCATION STREET 2. Ond that in (my)(c) DEGREE AT P) 226. ADDRESS	MED 200 YES URY OCCURRED (E N , 19 , 10 our) opinion death of TENDING DIRE WEW TO	IN CERTIF' YES NIER NATURE OF INJURY IN ITEM IS PA CITY OR TOWN CUTY OR TOWN CCCUrred on the date and hour CCCURRED PHYSICIAN	YING CAUSES OF DEATH? NO

	STATE OF STATE		
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Hisabled 21849	a when the		
soute 11 Box 211 Wainwright	ינדכן	wiconico arsonsu	toryland
Macoherson	rielei		mstiliv
Patricia P. Mills (Wife) 211 Wainwright Ave, Parsonsburg Wi. 21889	rs. 25 Route Pl Box	195-34-14	ci
-01 to 12	Maria Pa		

Cremation 2/20/1954 Cape tenlopen Grematory Lewes sussex Felaware Followey Funeral nome, P.A. Salisbury, nd.

(VR A 15 (4))



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DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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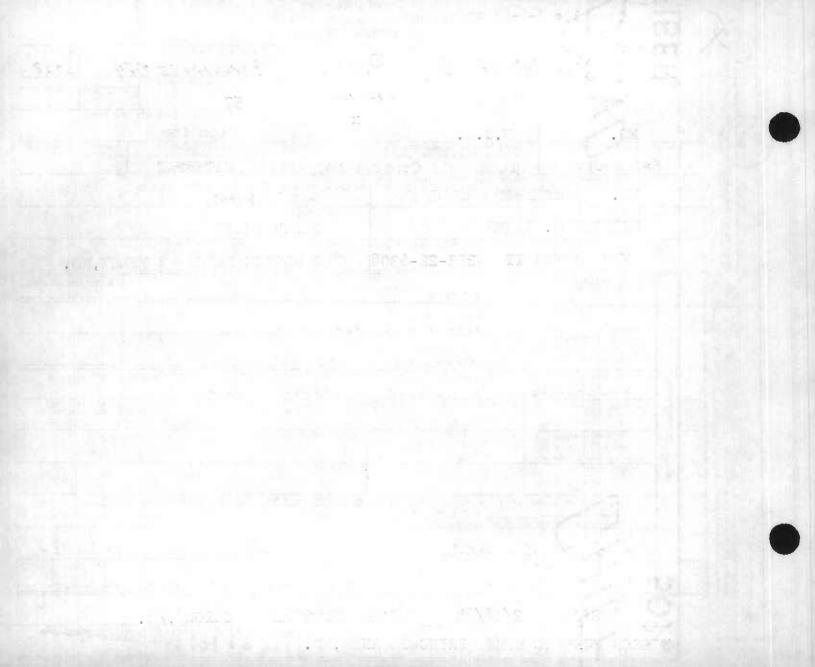
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH	
REG. NO. I. DECEASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
11790 Cor especia	
	ARY 27, 1984 0750 M
1 SEA 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Male White 12-15-1914 69	YRS.
TO BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR	
MARRIED WEVER MARRIED WEVER MARRIED	
WIDOWED DIVORCED WICOMICO IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATIO	MD. 12b. KIND OF BUSINESS OR
Salisbury (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
Peninsula General Hospital McChanic	AUTO
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130, STATE 130 COUNTY 131 CITY OR TOWN 132 STREET ADDRESS 133 STREET ADDRESS 134 STREET ADDRESS	ZIR CODE
March and Marchette Alexand Just Daylor	21841
If FATHER'S NAME	04077
HIST THE MIDDLE PAST FIRST MIDDLE	LAST
245160 L, 13/mer 1963	Smilk
(YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES)	
NO 24 10 6054 Virginia S. 13 mer N	EWORK Nell.
IL CANSE OF REATH (Feter only one course per line for (a). (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: (I reula for)	BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CIVELLIA FOUL Pauline	
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which (b) Chronic Active Myocardition	
And use to mumerical	
couse (a), stating the underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	TION CHEN DIDARY
1	ITION GIVEN IN PART ITA
Chance Obstructive pulmonary Disease	COLUMN TO THE STATE OF THE STAT
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES X NO	YES NO
YES X NO 1 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY	YES 📶 NO 🗌
210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	YES 📶 NO 🗌
TO SOUTH OF THE	YES 20 NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 5 TREET CITY OR TOW	YES M NO
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION	YES AT NO I
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOW	YES Z NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK 220 I certify that (I) (the hospital) ottended the deceased fram 2 - / 4 - , 19 4 , ta 2 - 3 saw the deceased alive an 2 - 2 - , ond that in (my) (ever) opinion death occurred an the date	YES M NO IN ITEM IS PART I OR PART 2) N COUNTY STATE 27.719 94, that (I) (we) last
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOW AT WORK 220 I certify that (I) (the hospital) ottended the deceased fram saw the deceased alive an above, (I) (www) (did) (did not) view the body after death.	NO IN ITEM IS PART I OR PART ?) N COUNTY STATE 22-19-24, that (I) (we) last e and haur and fram the causes stated
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OR CONTRIBUTING CAUSE OF DEATH	NO DIN ITEM IS PART LORPART 21 N COUNTY STATE 27-19-44, that (I) (we) last e and haur and fram the causes stated 22c DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INJURY OCCURRED AT WORK AT WORK 220 I certify that (I) (this hospital) ottended the deceased fram 2 - / 4 - 19 - 19 - 19 - 10 - 19 - 10 - 10 - 10	NO DINITEM IS PART I OR PART 2) NO COUNTY STATE 22-19-24, that (I) (we) last e and haur and from the causes stated 22c DATE SIGNED 2-29-34
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED AT WORK AT WORK NOT WHILE AT WORK 220 I certify that (I) (this hospital) ottended the deceased fram 2 - 14 - 19 - 19 - 19 - 10 - 19 - 10 - 19 - 10 - 19 - 10 - 19 - 10 - 19 - 10 - 19 - 10 - 19 - 10 - 19 - 10 - 10	NO DINITEM IS PART I OR PART 2) NO COUNTY STATE 22-19-24, that (I) (we) last e and haur and from the causes stated 22c DATE SIGNED 2-29-34
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. LOCATION STREET 22d. I certify that (I) (the hospital) ottended the deceased fram 2 - 14 - 19 - 19 - 10 - 2 - 19 - 10 - 10 - 10 - 10 - 10 - 10 - 10	PLIEM IS PART LOR PART? NO COUNTY STATE COUNTY STATE 22, 19 \$4, that (l) (we) last e and have and from the causes stated 22c DATE SIGNED 2-28-84 CR SALISBORY Mill MANUALLY MARKET SIGNED AND SALISBORY Mill MANUALLY MARKET SIGNED
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. LOCATION STREET 22d. PHYSICIAN STREET	NO COUNTY STATE COUNTY STATE COUNTY STATE 22-19-24, that (I) (we) last e and haur and from the causes stated 220 DATE SIGNED 2-29-34 County State AND COUNTY STATE

7 1 1 1 1 1 1 1 1 Harman William Tell March Commence College His Bell States Think to think the NO - IN 19 WAS TREATED SO PARTY ASSESSED ASSESSED. Correlations Factors Charge to fire Mycradian There's Die on the Milleran Strongs 18-32-21 German L. Chappener will be a James & Caragage " BID MEDICAL BEATER JULIEUST ME Limit I The was a said to gradual the said of the said MELLER SORM , SHOWER SORM , SEE MAR OF 1884 SIGNALLY

		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
m -c		EASED NAME OR PRINT)	Donald T-		AST VC	~	MONTH DAY YE	10.1100
e de o	3 SEX	dar	4 RACE	5. DATE O	ITK XS	TEBRUARY 6. AGE (IN YEARS LAST BIRT	15,1984 HDAYY # UNDER I	YEAR IF UNDER
0.00	2 367	MALE	WHITE	I/3	SI/27	57		DAYS HOURS
184	n BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		Н
4/07		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	NURSING HOME		12a USUAL OCCUPATION	ON 126, KII	ND OF BUSINE
1000		Salisbury	Peninsula	a Gener	al Hospital	WATERM		
filled in	13a S	RESIDENCE (IF NURSING HOM) OR TATE	ERST RUMB	E DEFORE ADMISSION	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	ZIP CODE	2186
and 2 sh	14 FA	WILLIAM C.	"PARKS "	ST	15 MOTHER'S MAIDEN NAM SÄRAH			tast
0 0		AS DECEASED EVER IN U.S. AR	E MAIA D COR DATES	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
rs. Page		ES. NO OYESWAI	?"TI" 213-	22-6308	MRS ELOI	SE PARKS	RUMBLEY	MD.
physical phy		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: [E CAUSE (a) SEPS)				861V	PROXIMATE INTER
or re		5712	DUE TO, OR AS A CON					
attend ave co stion, o		Conditions, if any, which	(b) SPONT	ANGOUS	PERITONITI	٤		
by the attending size remaye corb. I, cremation, or rather traumatic		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF				
- Dec 5				HOLIC	CIRRHOSIS			
Then properties of the propert	Z	PART 2 OTHER SIGNIFICANT C					DITION GIVEN IN PAI	RT 1(o)
0 - 0 > 7	ATIC	CONGESTIV	196 CONDITION FOR V		HEPATIC N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	NDINGS USED
0 2 0 0	IFIC					YES NO	IN CERTIFYING CAL	USES OF DEATH
E P P P		21a ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURE			
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ficate fransit II Hygie	AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEA			The second			
ficate fransit II Hygie			P.M. 21e. PLACE OF INJURY	19	211 LOCATION	say on to	and COUNTY	
or this included in the buriel transit of the buriel transit and Mental Hygic and or item 18 sho	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		CITY OR TO	wn COUNT	Y SI
DING PHYSICIAN: The or ottending physicial After this certificate is as of the buriol-transit and Mental Hygin circle and Mental Hygin marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	0FFICE FARM, ETC.)	211 LOCATION		WN COUNT	
TENDINGO PHYSICIAN; IN ital or ottending physicia OR: After this certificate to or use as the buriol-transit if Health and Mental Hygie it is marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspi	P.M. 21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY,	19 OFFICE FARM, ETC.)	21f LOCATION STREET	, to	6.15 19 84	, that (I) (w
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OR ATTENDING PHYSICIAN; The hospital or attending physicial DIRECTOR: After this certificate ched for use as the buriol-transit about the Health and Mental Hygin Bept. of Health and Mental Hygin Hem 21 is marked or item 18 sha		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHIE NOT WHIE AT WORK 220. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	P.M. 21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY,	19 OFFICE FARM, ETC.) from	211 LOCATION STREET 211 LOCATION STREET 10 J 19 8 7 and that in (my) (our) opinion of the property of the p	, to	6 · 15 , 19 & 4	, that (I) (we the couses standard SIGNED
by Attending Physicians hospital or ottending physicial DIRECTOR. After this certificate ched for use as the buriol-transit of Health and Mental Hygic Bett. of Health and Mental Hygic Bett. of Lis marked or Item 18 sha		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHIE NOT WHIE AT WORK 220. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, it atal) attended the deceased FEB - 14 (it) view the body after death.	19 OFFICE FARM, ETC.) from	211 LOCATION STREET 211 LOCATION STREET 10 J 19 8 7 and that in (my) (our) opinion of the property of the p	, to	6 · 15 , 19 & 4	, that (I) (w
hospital or ottending physicial process of the form of		OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did) no 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, it atal) attended the deceased FEB - 14 (it) view the body after death.	19 OFFICE FARM, ETC.) from	211 LOCATION STREET 211 LOCATION STREET 212 ATTENDING PHYSICIAN (2) 222 ADDRESS	, to	ste and hour and from	, that (I) (we have stop of the courses stop of the course stop of the
TO FUNERAL OK ATTENDING PHISTLAND FROM THE STORE AND THE STORE AFFET THIS CENTRICATE HOUSE DEFECTION. AffeT THIS CENTRICATE HOUSE DE STORE DESCRIPTION OF A MADOR TANK. If them 21 is marked or them 18 shall be s	WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did) no 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, of tol) attended the deceased FEB - 14 1) view the body after death. B - QLL BRAINT) ALLE	19 OFFICE FARM, ETC) from F 19 8 4 , or	211 LOCATION STREET 211 LOCATION STREET 10 J 19 5 7 and that in (my) (aur) apinion of the physician (arrange) PHYSICIAN (6)	, to	ste and hour and from	, that (I) (we the couses standard SIGNED



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	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND M FICATE OF DE	ENTAL HYG	IENE U S	NO.	1	
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	2h HOUR
0 t		Mary	Anna	POLA	UF		Feb.	24, 19	784	5:05 P
1	3. SE	X	4 RACE	5 DATE	OF BIRTH	YEAR	6. AGE TIN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
10	1	Female	White	Oct.	29	1906		YRS.		
IKE		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRI	ED NEVER MA	ARRIED -	9. BALTIMORE CITY		OF DEATH	
12		Pa.	U.S.A			ORCED	Wicomic	-		MD
	Sa	lisbury	11. NAME OF HOSPITA Deer's Hea	d Center		IUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS House	TOF WORKING LIF	E) INDUSTRY	OF BUSINESS OR
35		AL RESIDENCE (IF NURSING HOME COL	INTY 13c. CITY	ENCE BEFORE ADMISSION OR TOWN LSSEV	134 INSIDE CIT	Y LIMITS?	136 STREET ADDRESS		1650	
Sul /	M. F/	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S	MAIDEN NA	ME MIDDLE		Į.A.	ST.
11	1	Peter	- 4	zel	Mar		MIDDLE		Ken	
3		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SO(CIAL SECURITY NO.	17 INFORMAN	IT	ADD	RESS		
1		No	No 213	-48-924	Agnes	Pech	in RD#1	Masse		21650
5		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS							APPRO)	ONSET AND DEATH
			ATE CAUSE (a)	4. F						
210		4029	DUE TO, OR AS A C							
5		Conditions, if any, which	((b) 14	CVD						
or arner traumatic event,		couse (a), stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF						
injury, or o		PART 2 OTHER SIGNIEICANT	CONDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED T	O THE TERM	1	NDITION GIV	EN IN PART 1	(a
	S S	Massive	CVA	und Ke	curren	rIMa	lighant		ahor	
1	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FO	OR WHICH OPERATION	ON WAS PERFOR	MED	YES NO	IN CERTIF	S, WERE FINDS YING CAUSES	
marked or Hem 18 Maws		2 In. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MC	Y DNTH DAY YEAR 19		URY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART 1 OR PART 21	
5/	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJUI		211 LOCATION	4	CITY OR	IOWN	COUNTY	STATE
	¥	AT WORK AT WORK	(AT NOME, SIREET, PACIO	RY, OFFICE, PARM, ETC.)						
£ 3	a	276.1 certify that (1) (this hosp				. 19	, to		19	that (II (we) last
2 15		saw the deceased alive a above, (1) (we) (did) (did n	n ot) view the body after dec	19 c	ind that in (my) (our) apinian i	death occurred on the	date and hav	and from the	causes stated
		22h SIGNATURE /V	1-Stresli	1/2		TENDING _	MEDICAL ST	AFF	22c. DATE	SIGNED
IMPORTANT: IF		224 PHYSICIAN'S NAME (TYP			22e ADDRESS	113ICIAI1	J DIRECTOR [] THIS	NCIAIT L		
MPORTANT: If Hem		Mahesqari Sh	restha, M.D.				Center; Sa	alisbu	ry, Md.	21801
=		BURIAL, CREMATION, REMOVA			CEMETERY OR CE		23d LOCATION		COUNTY	STATE
		Burial	2-28-84	Sharo	n Hills		Dover		Kent	Del.
A 4/83		UNERAL DIRECTOR		ADDRESS		MAR O	FREC'D. BY REGISTRA	AR 25b. REGIST	RAR'S SIGNA	TURE ;
4)	E	Dward Fellow	s & Son Ma	llingto	Md.	WALL O	J 1304 944	th shared do	the and hard	

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	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 5	3 5	3	
	I. DECEASED NAME FIRST (TYPE OR PRINT) Blanch	e Marie		vell	FEB.	15,19	84	1 720
		RACE White	June	DAY DAY	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	COUNTRY)	L CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O Wicom		OF DEATH	MD
1	Salisbury	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, CIVE STREET Peninsula G	ener		120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE)	12b. KIND O	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR O 13d. STATE IN COUNT Delaware Suss	Y III. CITY OR TOW	N		300 E. Je		t. 99	7999
3	James P. Hewes	IDDLE LAST		Mary Racer			tAS	т
7	160 WAS DECEASED EVER IN U.S. ARM (185 NO OR UNKNOWN) (18 YES, GIVE Y	WAR OR DATES) WAR OR DATES) 900-03-		17 INFORMANT	ADDRE		burv.	Md.
	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	10 0 0 0 11 11		nt failuc;	Ireanova			IMATE INTÉRVAL PNSET AND DEATH
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
1	OR CONTRIBUTION CAUSE OF REAL	11b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	CONTINUOUS CASE OF BEATT (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC)	211. LOCATION STREET	, CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) (this hospital saw the deceased alive on obove, (I) (we) (did) (did not) 22b. SIGNATURE	2/16 192	54_,01	nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STAF	F		
-	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	M	PHYSICIAN	DIRECTOR PHYSIC	IAN []	12/65	177

DHMH - 16 50M 4/83

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BUFFIAL

23d LOCATION
CITY OR TOWN
Delmar 23b. DATE 2-18-1984 Stephens Cem Sussex Delaware
Registraris signature
funa Javidson Andele Marwel-Short Funeral Home Delmar, Del.

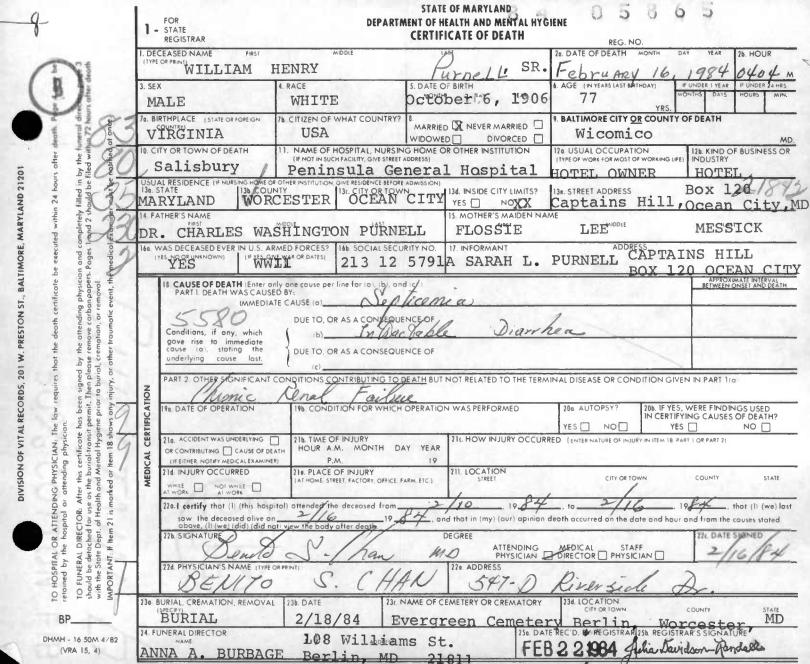
23c NAME OF CEMETERY OR CREMATORY

COUNTY

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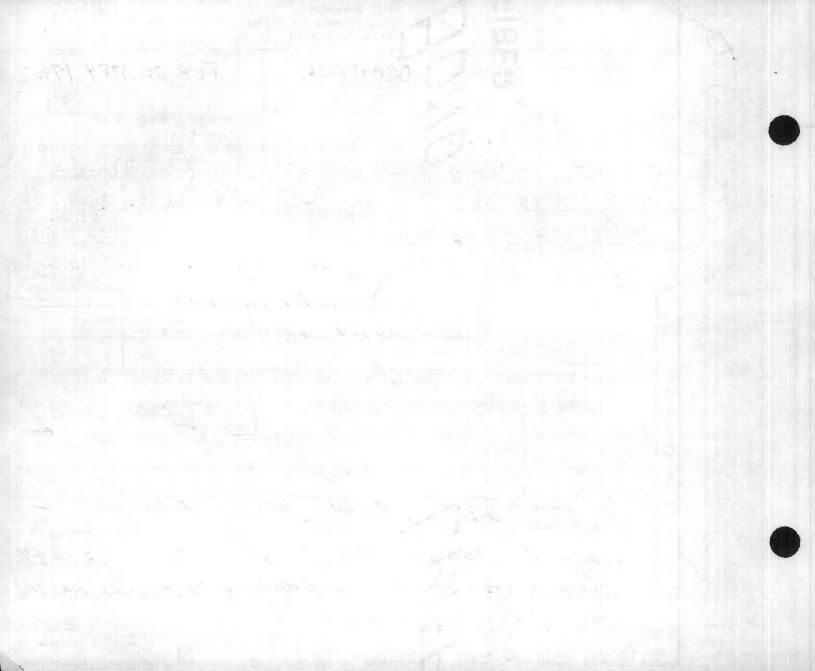
(VRA 15, 4)

STATE OF MARYLAND

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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. 85		CEASED NAME FIRST OR PRINT)	MIDDLE	O CAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3		Haze	e/ B.	KILEY	1-EB. 29,	1984 4º p
offer po	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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h. Pos	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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e e		FOR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 1TYPE-OF WORK FOR MOST DEMORKING L	12b. KIND OF BUSINESS O INDUSTRY
1 30		Salisbury		General Hospital	Homemaker	OND HOUSE
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pa du s	Gr.	Curtis	Blexen	n Lulu		Soit Fin
xecund c		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIALS	SECURITY NO. 17. INFORMANT	ADDRESS	/ /
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ore Sicio vol.			only one cause per line for (a), (b	, and (c).1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nific on p		PART I. DEATH WAS CAUS	ATE CAUSE 10) CON 6	ESTIVE HEM	RT FAIL JR	E 3 month
or rootic		4241	DUE TO, OR AS, A CONSI	OUENCE OF		11 4 4
deoth ottend ove co fion, o		Conditions, if any, which	(16) AOR	TIC STEWOS	15	YE AR
the remo	4	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		
thot d by eose ol, cr		underlying cause last	(c)			
gne on pl buri	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 10
en singer regu	4 è	MYDLMAP	192 INFM	CTIDN		
low low se pring sony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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NA SOUTH B	77	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 21E HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?)
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PHYSH tending the burn and Mer	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	PICE, FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK NOT WHILE AT WORK				
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R ATTE hospital RECTC red for rept of rem 21			nat) view the bady after death.		death occurred on the date and had	
OR OR POR		226 GIGNATURE	6.1	DEGREE ATTENDING	(NEDICAL CATES	221. DATE SIGNED
. 4 . 4		Alm	fillen	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-29-
HOSPI sined b FUNE Sould be PORTAL		22d PHYSICIAN'S NAME LINE	OR PRINT)	22e ADDRESS		
TO HOSPITAL retained by to FUNERAL should be det with the Store		1301HV 1/2	, FELLE,	VAN PENINSUL	A GENERAL	1405KITA
5 5 5 7 7	23a. I	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY / STATE
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DHMH - 16 50M 4/83	24 F	INERAL DIRECTOR	ADDR	4/4/1 / 25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	
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		CEASED NAME OR PRINT)	telle		B.	Ru1	AST	20. DATE OF DEA	1H MONTH DA		26. HOUR 6:45a M
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1/5	130.	AL RESIDENCE (IF NUR STATE aryland	113b COUNTY	THER INSTITUTION Y mico	GIVE RESIDENCE BEFOR	'N	136 INSIDE CITY LIMITS?	13. STREET ADDR	College	Avenue	801
2/2/		Cyrus	MID	DDLE	Bai ley		15 MOTHER'S MAIDEN NA	ME	OLE	Jones	
medico /		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIVE W	WAR OR DATES)	220-03		17 INFORMANT Kat Route #3 Box	hy Gray	Princess		Md.2185
other troum		Conditions, if ony gove rise to im- couse (o), stotal underlying couse	mediote ng the	bue to, o	R A CONSEQUE	ENCE OF	Jasan	1 00 Bull	ares	71	7 ,
ry, or	Z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR	CONDITION GIVE	N IN PART 110	t
vs ony injury, or	TIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TER/	NINAL DISEASE OR 200 AUTOPSY? YES NO	206. IF YES, Y	WERE FINDIN	GS USED
ony injury, or	MEDICAL CERTIFICATION		DERLYING CAUSE OF DEATH (CAL EXAMINER)	21b. TIME C HOUR A. P. 21e. PLACE	ITION FOR WHICH	OPERATIO AY YEAR 19		200 AUTOPSY? YES NO RED (ENTER NATURE O	206. IF YES, IN CERTIFYI	WERE FINDIN ING CAUSES (GS USED OF DEATH?

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	d Nurse	Retire	ATO.	sbury Nursing	Sali	Salisbury
ounev.	College	523 %.		Salisbury	liconico	aryland
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wnne,	rincess	athy Gray	Route #3	220-03-2324	IVW	Yes
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Civic Ive At Route 50, Salisbury, 14.21501

Earl Beardsley, M.

Burial 2/8/1984 at. Pleasant Cometery Powellville Wicomico Md.

Holloway Funeral Home, P.A. Salisbury, Md.

STATE OF MARYLAND

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			STATE OF MARYLAND	4.1
-	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()	
1	$\leq L$	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	Annual Property lies
(870		TYPE OF PRINTS	MIDDLE LAST 20 DATE KNOWN X MONTH	
98 W.		Ven	SMILEY OF ESTI-	13-84 2007,
TOT PE	. 1	EX PACE	S. DATE OF BIRTH MONTH OF A SECTION YEARS O	DAY YEAR 2d HOUR
N2228	21	-enale NEGRO	8 9 02 8/ YRS. DEAD 2-13.	-04 19 M
A NAME OF THE PARTY OF THE PART	SAF	BIRTHPLACE (STATE OF	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUN	ITY OF DEATH
商品でまた	10	MARYLAND	U.S.A. WIDOWED DIVORCED Wicomico	MD
2 E S A C	111	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS
ELA PAR PE FI	84	Salisbury	Peninsula General Hospital (CTIRD-musckeeper	hospital
PAN DE	21	ATATE TIMESON TO THE TENTON OF	DROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY 130 CITY, OR TOWN , 138 INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	100
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8 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ni	FATHER NAME	IS MOTHER'S MAIDEN NAME FIRST MIDDLE	
MAN PER ME	da	Emmanuel	Tinnie	FOOKS
W SECOND	16	(YES, NO, OR, BINKNOWN) (IF YES, GIVE	WAR OR DATES!	
MALT SHVE SHVE VYSR	/	NO -	WAR OR DATES) 217-28-2916 Andrew Smiley Same	as above
1. W. W. W. D. C. D. C.	/	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per line for (o), (b), ond (c).)	BETWEEN ONSET AND DEATH
A H HEM DING DING KERN	196		TE CAUSE (o) 11 y per defisite dardio vascular Disease	years
PRESTON THIN 24 H CIL IN ITEM VER ALON ANSIT PER AL HYGIEP	Q	Eonditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
	32 32 32	gove rise to immediate) (b)	
H WENT	0	couse (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
DS, 20 MECUT JG" IN AND A	Ó		(c)	
	~		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
MEDINAL AS A SET THE	8	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD ORD "PE CHIEF A TOF HE	N A	E INC. DATE OF OFERATION	178 CONDITION FOR WHICH OPERATION WAS PERFORMED:	
OF VITAL R CATE SHOULD THE WORD "P THE CHIEF AND BE USED MENT OF HE		21g. EXTERNAL CAUSE WAS	216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	YES NO
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VISION OF CERTIFICATE TING THE W ED TO THE 3 SHOULD B DEPARTAEN	PROR	CONTRIBUTING CAUSE OF	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f, LOCATION	
DIVISI IS CERT RRITING REDED GE 3 SF	10	WHILE NOT WHILE DAT WORK		DUNTY STATE
H > V A A	212	AT WORK - AT WORK		
# 25.5 F	QN		ge of the remains described above, held on Autopsy , Inspection X, Inquiry X, and in my o	pinion
EXAMINATION OF THE PROPERTY OF	SYL.	deoth resulted from: Nat	al causes X Accident . Suicide . Homicide . Undetermined manner .	
CAL EXA SHOULD SHOULD SHAL DIR	\$ 1	ACTUAL //	TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGN	2-14-84
SE SE	Ä,	SIGNATURE	, , ,	
WED THE PARTY OF T	3	EXAMINET NAME (LE OF PRINT) EAT	L. Royer, M.D. ADDRESS 409 Camden Ave., Sal	isbury, Md.
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFIREADEATH, WITH THE	¥ 73	BURIAL, CREMATION, REMOVAL	23L DATE 23L MAME OF CEMETERY OR CREMATORY 1) , 23d LOCATION	
BP		BULLAL	2-17-84 GREN ACTES Nem. Park SAUSBURY WILL	NY AND
		FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 210 REGISTRAR'S	SIGNATURE
DHMH - 17 (VR A15 ME		Jolley Funera	Il Home, Salisbury, Md. FEB 23 1984 glian without	- Clastanna
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Holloway Funeral Home, P.A. Salisbury, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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Holloway Funeral Home, P.A. Salisbury, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 26. DATE KNOWN X 25 HOUR (TYPE OR PRINT) OF ESTI-320 HUSTON RUARK 4 RACE 6 AGE (IN YEARS | IF UNDER TYR. DATE OF BIRTH 2d HOUR BIRTHDAY PRONOUNCED 11 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X Md. U.S.A. Wicomico WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Peninsula General Hospital clerk, hardware store Salisbury SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE 134. INSIDE CITY LIMITS? 134. STREET ADDRESS 702 Camden Ave. Wicomico la STATE Salisbury Md. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Smith Frances White Thomas 31000Middle Blvd. 16b. SOCIAL SECURITY NO. Sigterin-law) Yes 216-14-9250 Jeanne Smith, Salisbury, Md. W.W. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion sudden DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH HE SIT, BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Accident TITLE (SPECIFY) DATE 2-9-84 Deputy SIGNATURE Camden Ave., Salisbury, Md. Rover Burial 2-10-84 Parsons Cemetery Salisbury, Wicomico, Md. BP. 24 FUNERAL DIRECTOR Julia Davidson-Randall **DHMH - 17** Baker-Bounds, Salisbury, Md. (VR A15 ME (5)) 20M 4/B2

pr-y-s trade in the ss es to estimate the state of the st A.C. I oroca erambhan . brein in igne impere al'united cours ne died de la brong X 70 femiles les tillog Thomas Sels (Wiston-In-law) 310 Middle Hyd. en W.s. II . 216-14-9250 Josume office, Balassurg, Md. X X Mary rue at the contract of the and the total and the same The state of the s And the boundary of the State o

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

REG. NO MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION

12h. KIND OF BUSINESS OR INDUSTRY

13e STREET ADDRESS / ZIP CODE

Bl oxom

721 Camberley Circle 21204

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO I

STATE

COUNTY

22c. DATE SIGNED

Somerset

Md A

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR Bradshaw & Sons

FOR

- STATE

REGISTRAR

Crisfield. Md.

21817

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Holloway Funeral Home, P.A. Salisbury, Md

(VRA 15, 4)

STATE OF MARYLAND

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4	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 5 C	3 8 2
1		CEASED NAME FIRST OR PRINT;	Etachal	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(FAF)	3. SE	CARR	TE ZY TA	T. T3. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	-3-84 7 55 AM
	3.30	FEMALE	white	9-2-89	94 yr	MONTHS DAYS HOURS MIN.
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rer death. virthin 72 within 72	000	MARYLAND	0,5,1	WIDOWED TO DIVORCED	WICOMICO COUNT	
on softer of sof		TY OR TOWN OF DEATH ISBURY MD.	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACTITY, GIVE STREET SALISBURY NURS	IG HOME OR OTHER INSTITUTION ADDRESS) ING HOME	120 USUAL OCCUPATION ITYPEDF WORK FOR MOST OF WORKING HOUSE WIFE	SCIFE) 126. KIND OF BUSINESS OR INSUSTRY HOME
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IMORE, In ond course and course I medical		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOMAL SECUTION (WAR OR DATES) 723-16-	9299 IRMA T.E	DOUNDS Fruitz	MAIN ST. AND M & 21826
VST., BALT certificate to ng physicio bon papers r removal.		PART I. DEATH WAS CAUSED	y one cause per line (a), (b) and BY: E CAUSE (o)	il Humphosi	(APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
I W. PRESTON ST hat the death cert by the attending I use remove carbon I, cremotion, or rer ather troumotic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	soluosis	915.
RDS, 201 equires the signed to Then plea to burial, injury, or a	NO	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
he low re on.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SION OF VITAL PHYSKCIAN: The ending physicion this certificate he buriol-tronsit d of Mem 18 sho	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of ordereding physician. (for this certificate has been signs on the buriol-transit permit. There is no and mental Hygiene prior to be orked or frem 18 shows ony injury.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
0 0 E		22a.1 certify that (1) (this hospite	al) attended the seased from	and that in (my) (aur) apinian	death accurred an the date and	, 19 , that (I) (we) last
OR A Pos A P		July Dil) view the ball after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the Stote IMPORTANT:	1	DR. EARL M. BI		CIVIC AVE.	RT. 50. SALISBUR	PY MD 21801
BP		BUPIAL BUPIAL	2/6/1984 SA	NAME OF CEMETERY OR CREMATORY		WIL Mate).
DHMH - 16 50M 4/B2 (VRA 15, 4)	B	NENT Bounds	SALISBURY,1	nd. 2180) FEBO	TE REC 6. BY RECORDAN 256. REC 6 1984	TRAP'S SIGNATURE

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306	١,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE 0 5	3 0
DO	'	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
(B)		CEASED NAME OF FIRST	MODLE LAST ZO. DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
0.0	1	Deor Deor	98 Edwin Taylor February 15	7,1984 1709 4
moy .	3. SE		4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BRITHDAY)	MANUTER I YEAR IF UNDER 24 HRS
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Po Por	7a 8	IRTHPLACE (STATE OR FOR IGN	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
de out	1	MARYLAND	U, J, A, WIDOWED DIVORCED WICOMICO	MD.
by the filled with	Sa	lisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY POROS
filled in		STATE 136 COUR	RODHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134 CITY OR TOWN 134 INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE OM 1/O MAROLA YES NO 111	4 21837
makktu ed withir mg 2 st	IA.F.	Edward	MIDDLE TAYLOR IS MOTHER'S MAIDEN NAME MIDDLE	town send
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requires the requires the requires the record is then pleas for the buriol, or or you injury, or or	TION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES,	WERE FINDINGS USED
no bermit ne pris	E S	2/17/94	IN CERTIFY	ING CAUSES OF DEATH?
SICIAN: The graphsicion of physicion of certificate british from the certificate british from 18 should be	AL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH DAY YEAR	
PHY tendir the bund M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
ATTENDI Spitol or CTOR: A for use of Heol		sow the deceased alive on above (II) we) (did) (did no	0/10	
0 = 0 70 =		27h SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/17/84
TO HOSPITAL retoined by th TO FUNERAL should be dero with the Stote		EHLLO	PINEBLUFFRD SAlisbur	7,M& 21801
BP		BURIAL, CREMATION, REMOVAL	12/20/1984 MARdeLA Mem Cem MARdela Sonin	195 WIC MO
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	3. SE.			ACE		5. DATE (DAY WEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
- 7 號)~	_	emale		Whi	te	Au		99	YRS.	
11/35		RTHPLACE (STATE OR FOR COUNTRY) ryland	EIGN 7b (WHAT COUNTR	MARRIE WIDOW	D NEVER MARRIED DED TO DIVORCED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	MD.
The state of the s	10 C	ITY OR TOWN OF DEATH		NAME OF		SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI House Wife	ORKING LIFE INDUSTR	OF BUSINESS OR
filled in the ould be it	USU 13e	AL RESIDENCE (IF NURSING		ER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 22 7 N. Cl		
the state of the s		ATHER'S NAME	MIDD	n 5	LAST		15. MOTHER'S MAIDEN NA	ME		1457
Completed with the completed wit		Israel	MIDD	ric .	Townsen	d	Hetty		Derricks	50n
ond co		VAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SE		17 INFORMANT	804 Perre		
ST., BALTIMORE rtificate be exect physician and c angopers. Pages emovol.		No		W OR DATES)	213-74-	8258	Jane Bounds	Salisbury	, Maryland	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 ments of the death of the death certificate be executed within 24 ments of the death of the death certificate by the other days physician and completely filled in the ost the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be the thooled Mental Hygiene prior to buriol, cremation, or removal. Onked or them 18 shows any injury, or other troumotic event, the medical programmer, must be an order or them 18 shows any injury, or other troumotic event, the medical programmer, must be an order of the death of th	CERTIFICATION		the lost	(c)	ONTRIBUTING T		NOT RELATED TO THE TERA	MINAL DISEASE OR CONDIT	ION GIVEN IN PART	110
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PHYSICIAN: TI ending physical this certificate to buriol-tronsis ad Mentol Hygi dor frem 18 sh		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH		OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	FITEM 18 PART 1 OR PART 2	1
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O HOSPITAL OR A etoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.	1	ES-PHYSICIANS NAM	AL CAR		Llz	1	ATTENDING PHYSICIAN J	MEDICAL STAFF DIRECTOR PHYSICIAN	10 2/	10/84
TO HOSPITAL Cretorned by the TO FUNERAL Should be detected with the Store Elimpogrant: If		Dr. Earl					SALISBURY		1801	
	73g.	BURIAL, CREMATION, RE		3b DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
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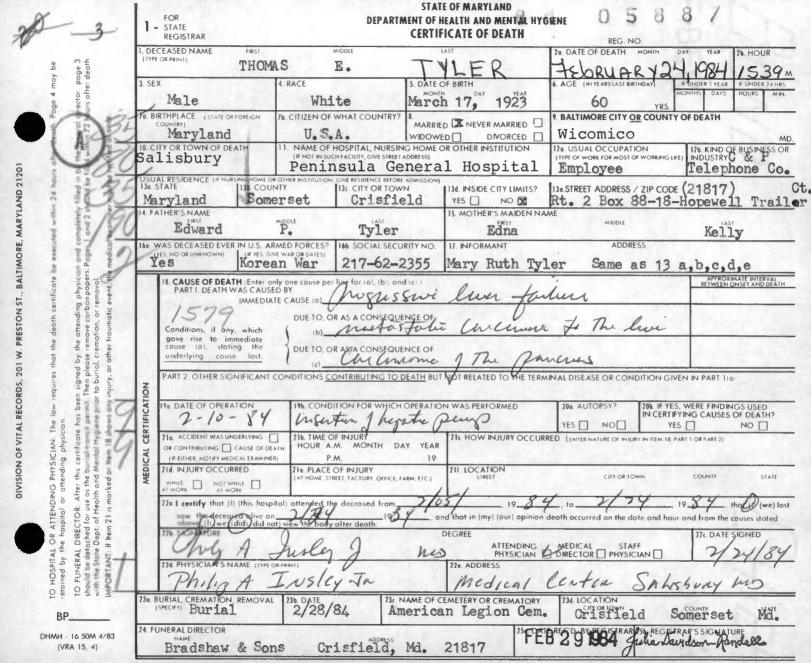
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STATE OF MARYLAND

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. /		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(117)	Roug	ce K.	Townsend	February	13 1984 2150
	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
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00	Ta. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COU	
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1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS C
0	5	Salisbury /	Peninsula Ge	eneral Hospital	Road Farema	n County Rose
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€21	V	Ernest	10WASK	nd Soul	2 1	rittingham
100		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	1611
1		YES WH	11 213141	232 Marutilo	wasend. Sno	ew Hill, Mile
*		18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b),	and (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) ACUTE	= ANTEROLAY	ESAL MI	7/2 HR
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		gove rise to immediate couse (a), stating the				
940		underlying couse lost	DUE TO, OR AS A CONSEQ	UENCE OF		
ő		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
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6		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		
morked or item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e: PLACE OF INJURY	19 211 LOCATION		
-	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
		AT WORK — AT WORK		0//7	U 2/13	09
		22a. certify that (This hasp	nitol) oftended the deceosed from	G-41	, to	
7	1.0	obove, (# (we) (did) (did	ot) view the body ofter death.	, and that in (our) opinion	a death occurred on the date and	
		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
		Stennis	& Clodnick	PHYSICIAN ;	DIRECTOR PHYSICIAN	4/5/84
¥ 7	1	22d. PHYSICIAN'S NAME (1YPE	PRINT)	22e ADDRESS		
MPORTANT				The state of the s		
ξ-	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	I Dome
		Rupial	2-16-84	Pansani	53/15hung	Manage Sand
	24. F	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR	STRABOANISM II
/B3	1	Carmo E Da	ADDRESS	4.11 Mal	- Julia Davi	TOTAL AL
		VIIIIII F. DE	11113 SIGNI	111, 114 - EER 1	9	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN LIYPE OR PRINTI OF ESTI-WARD AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE 2d HOUR PRONOUNCED 0120 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DREIGN COUNT Wicomico WIDOWED DIVORCED Peninsula General Hospital Salisbury 13d. INSIDE CITY LIMITS? A FATHER'S NAME MIDDLE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INIURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF EATH P.M 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 2-28-84 Deputy SIGNATURE MEDICAL EXAMINER XAMINET SNAME 409 Camden Ave., Salisbury, Md. Earl Rover comoke BP. DHMH - 17 unera New (VR AT5 ME (5)) Church. Home. 20M 4/B2

Francis No 11 - 1-4 21900 83 Md. USA. determine Sentending one of long to the Winds My Ware to Bearington To Be 2 By 284 Miles Tearile Man and the state of the state

Funeral Home, Bivalve, Md.

FOR

- STATE

(VRA 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A Hilbert in Mark 24 h	USUAL RESIDENCE IN 130 STATE Maryland	136 COUN'	TY	136 CITY OR T	OWN 1	134 INSIDE C	№ □		B S. A	Main :	Stre	eta	183	30	
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rficate be every	140 WAS DECEASED E (YES, NO OR UNKNOW) NO		AED FORCES? WAR OR DATES}	213-4	4-0790	17 INFORM	Mr. N. Main	orman Stree	Winner t, Hel	fam W	hite Mar	(Soyland	on)	330	
The law requires that the deat has been signed by the attendirmit. Then please remove carbe prior to burial, cremation, compare may any injury, or other trau	Conditions, if gave rise to couse ion, underlying of PART 2 OTHER 19a DATE OF OP 21a. ACCIDENT WA	immediate toting the ouse lost	ONDITIONS CO	E (s CV			NINAL DISEA	14.01	10b. IF Y	ES, WERE	FINDIN	GS USED		
PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygie	218. ACCIDENT WAS OR CONTRIBUTING IN EITHER, NOTWY / 21d. INJURY OCI	CAUSE OF DEAT	21b. TIME O HOUR A	M. MONTH M.	DAY YEAR	21c. HOW IN	JURY OCCURI	YES []			YES	PART 2}	NO [
L OR ATTENDING P e hospital or attending L DIRECTOR: After th child for use as the but then of the series and the control of t	220 1 certify the	ot white this hospital ceased alive an ce) (did) (did nat)	IAT HOME, STE	e deceased fro	- 8 Y . on	that in (my)	19 02	death occur	-	S-		· 1		re) last	
TO HOSPITAL retained by the TO FUNERAL with the draw	22d PHYSICIAN	S NAME LITYPE OR	PRINTS /	M.C	30 NAME OF CE	in abores	PHYSICIAN [Sal		Ru	(801 Ry)A	0	
BP	(SPECIFY) Buri		2/19/		Nardela			CITY	OR TOWN	ela V	COUNTY	nico	Mary	lan	
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTO	y Funer	al Home	, P.A.	Salisbu	ry, Md		8 2 1		25b. REGIS					

Tenale White C6 22 1835 88
Hebron, Bryland U.S.A. x NICOLICO

Haryland Wicomico Tebron x 500 s. Main Street

John Ughes Fartha Carby

Fr. Norman Hillium Hite (son)

213-44-0790 403 S. Hain Street, Hebron, Maryland 21830

Surjar 2/19/1934 Mardela no orial Cenetery nardela dicomico Saryland

nolloway runeral Home, P. N. Salisbury, Pd.

2	,	FOR		DEPART		OF MARYLAND ALTH AND MENTAL I	HYGIEN	е О	5 3	9 2			
		STATE REGISTRAR				ATE OF DEATH		REG. N					
(,B;)		CEASED NAME FIRST URANIS	٤	H.	Wilgu		20	DATE OF DEATH	MONTH DA		1040 M		
office of the state of the stat	3. SE		4. RACE whi		S. DATE OF NOV.	BIRTH		AGE (IN YEARS LAST BIR	MC	UNDER TYEAR IF	UNDER 24 HRS DURS MIN.		
rth. Page rol direc 72 hours	7a. BI	RIHPLACE (STATE ORFOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9	BALTIMORE CITY O	_	OF DEATH			
s after dea by the fune	10 CI	Salisbury	11. NAME OF	HOSPITAL, NURSI	ADDRESS)	other institution Hospita	_ LT	USUAL OCCUPATION OF WORK FOR MOST CO	ON F WORKING LIFE)	126 KIND OF B	MD. USINESS OR		
filled in the fi	USU, 13a. S D€	RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION		ille	3d. INSIDE CITY LIMITS YES 🛣 NO 🗍	s? 13	STREET ADDRESS	ZIP CODE	9975%	1999		
ed within	14 FA	THER'S NAME Leander C. H	ludson	LAST	30	s. MOTHER'S MAIDEN Hester		ınn Camj	bell	LAST			
n and co	16a V	VAS DECEASED EVER IN U.S. AI (IF YES, GI	MED FORCES? VE WAR OR DATES)	222-28		D. Euger	ne W	ADDRE	SS	ville,	Del.		
that the death certifico d by the ottending phys ease remove carbonpop ol, crematian, or remove or ather troumatic event.	CERTIFICATION			Canditions, il any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, (b)	OR AS A CONSEQU OR AS A CONSEQU	ENEROE.	VD				BETWEEN ONS	
he law requires on. has been signed permit. Then pl ene prior to buri ows.any injury, a		PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO				200 AUTOPSY?	20b. IF YES,	WERE FINDINGS			
PHYSICIAN: T ending physici this certificate the buriol-tronsi ad Mental Hygi d or Item 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIE EITHER NOTIFY MEDICAL EXAMINE 714 INJURY OCCURRED	R) HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE,	19	71c. HOW INJURY OCC 711 LOCATION STREET	CURRED	(ENTER NATURE OF INJUI		COUNTY	STATE		
OR ATTENDING e haspital or att DIRECTOR: After sched for use as the Dept. of Health ar	4	WHIE AT WORK NOT WHIE AT WORK 220. I certify that (I) (this hasp saw the deceased alive or doors. If I of that I and a 27% SIGNALIRE:	101	the deceased from 19		that in (my) (aur) opin				, tho and from the cau			
TO HOSPITAL O retained by the TO FUNERAL skhould be detac with the State D		3.4.6	305£			ATTENDIN- PHYSICIAI	и П	MEDICAL STAI	IAN	2/13	3/24		
99899		URIAL, CREMATION, REMOVAL SPECIFY) Burial				METERY OR CREMATO	ORY	23d LOCATION CITY OF TOWN Selbyvi		Sussex	STATE Del.		
DHMH - 16 50M 4/83	24 FI	UNERAL DIRECTOR				750. Dol FFR	DATE RE	C'D. BY REGISTRAR	256. REGISTR.	AR'S SIGNATUR			

107. 29, 1 DE 65 Thelauste Steerex | Selbyville, K | coupler St. 19975 Heater Ann Campbell Leander D. Hudson 222-23-0521 D. Bugane vilgus - Selbyville, Del.

Burlal Peb. 11/84 Hedman's Oct. Selbyville, Susper, Del.

	FOR 1 - STATE	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 0 5	3 9 3
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
eo th	DECEASED NAME FIRST	RANK C. L	UILLIAMS	FEB. 2	0,1984 22 HOUR 24
e 4 moy be ctor, page 3 softer death	Male	4. RACE White	5. DATE OF BIRTH MONTH II 3 1897	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
oth. Page 4	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland		8 MARRIED NEVER MARRIED WIDOWEK DIVORCED	BALTIMORE CITY OR CO WICOMICO	
rs after de by the fun filed within	O CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired	126. KIND OF BUSINESS OR
iin 24 hours . y filled in by should be file	USUAL RESIDENCE (IF NURSING HOW 136 STATE 136. C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OUNTY 13c. CITY OR TOW ICOMICO Whiteh	ADMISSION) N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP Whitehaven	
mpletely f	14 FATHER'S NAME FIRST Frank	Williams	15. MOTHER'S MAIDEN NAV	Young	Williams
n and co Pages 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 166 SOCIAL SECU S, GIVE WAR OR DATES) 218-16		address nny Whiteh	aven, Md
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours representeding physician. After this certificate has been signed by the ottending physician and completely filled in by as the buriol-tronsit permit. Then please remove carbanpapers, Pages 1 and 2 should be filled than Amental Hygiene prior to buriol, cremation, or removal. The and Amental Hygiene prior to buriol, crematice event, the medical management and a special process.	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause loss	DUE TO, OR AS A CONSEQUE	noscistatio hso		
on. permit permit ene prior ows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
3 PHYSICIAN: T trending physici in this certificate the buriol-trans, and Mental Hygi ked or them 18 sh	OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE	FOEATH HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN IT	EM IB PART I OR PART 2) COUNTY STATE
HOSPITAL OR ATTEND Inted by the hospital or FUNERAL DIRECTOR. And be detrothed for use in the State Dept. of Head ONTANT: If hem 21 is many the State Dept.	AT WORK AT WORK	Land	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1984, that (I) (we) lost and hour and from the causes stated 222. DATE SIGNED 223. P. C.
BP	23. BURIAL, CREMATION, REMO	, ,	NAME OF CEMETERY OR CREMATORY Priole, Gemetery	23d LOCATION CITY OR TOWN Oriole,	Somerset Md
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR WITTSON Fun		sbury. Md		REGISTRAR'S SIGNATURE

GVACE De, movement as a movement of the color of the colo and Lillian court learned and Lillian characters and the state of t Landie company and successful and it all months PR-35 F Louis & brokers 201 - who have the 2018 terstall the first trace of the latest the latest

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9		STATE REGISTRAR			DICAL EXAMI			E OF DE	ATU W	G. NO.	-	
28384		CEASED NAM	Loise	*	CRCRN	WI	NDER		OF ESTI- DEATH MATER	x 2-	23-84	26. HOU
(E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	D. SE	F	RACE B(BL)	5. DATE OF BIRTH	YEAR LAST BIRTH			DER 24 HRS.	2c. DATE PRONOUNCED DEAD		1 17 -	115 ,
HIND TO SEE	70 B	IRTHPLACE () DREIGN COUNTRY)	md	25	AT COUNTRY?	8 MARRI WIDOW	ED NEVER M.	ARRIED	9. BALTIMORE CI	TY <u>OR</u> COUN Omico	TY OF DEATH	M
SEAVE TOTHER PERIED	38	ity or town	ry	405 Ch		t, •	ER INSTITUTION	12a. USI	DOMEST	1	126 KIND OF E OR INDUS	BUSINESS
21201 AND 3 RETAIN POULD POULD		AL RESIDENCE	136 COUN		136 CITY OR TOWN	SON)	13d. INSIDE CITY LUM YES THE NO	13e. STR	REET ADDRESS	405 C	Hisstalit	B32
RE, MO.	14. F.	ATHER'S NAM	i km	MIDDLE EMS !	LAST			CLEW MAN	MIDDLE		is REIS	
ALTIMO AFTER D SIVE PAGE H FORE H FORE 1 (SION O		WAS DECEASE ES, NO, OR UNKN	ED EVER IN U.S. AR/		218-20-7		17. INFORMANT	riand	WRIGHT	RESS Heu	itend of	nd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ILALITMOR S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTER RE RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGE REED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR EAST SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES TO SECRETARY AND MENTAL HYGIENE, DIVISON OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTID Gondition	ons, if any, which ise to immediate to storing the under-	DUE TO, OR A	far (a), (b), ond (c).) pertensi AS A CONSEQUENCE AS A CONSEQUENCE	OF	ardiova	scula	r Diseas	se	BETWEEN ON	ATE INTERVAL SET AND DEATH APS
HOULD BE EXECUTED RE "MEDICAL EXA UNSED AS A BURIAL OF HEALTH AND MAIN MRIAL, CREMATION,"	NO	PART 2 OTHER S	SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN	IN PART T : a				
VITAL RECC SHOULD BE OND "PEND CHIEF ANED RE USED AS IT OF HEALT SURIAL, CRE	CERTIFICATION	19a DATE O	F OPERATION	196 CONDITI	ION FOR WHICH OPE	ERATION W	AS PERFORMED?				20 AUTOPS	
CERTIFICATE SHC FITTING THE WORD PED TO THE CHI 3 SHOULD BE US 1 PRIOR TO BURI	AL CERT		AL CAUSE WAS G OR ING CAUSE OF I	216. TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY YEA	AR 21c HC	OW INJURY OCCU	JRRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR PA		
DIVISK E: THIS CERTING FE, WRITING RWARDED I: PAGE 3 SH STATE DEPA STATE DEPA	MEDICAL	21d INJURY WHILE AT WORK		21e PLACE O	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	co	PUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2		22a I ceri death resul ACTUAL SIGNATURE		[32]	ribed above, held an Accident ,	Autop:	Homicide TITLE (SPECIF) D. Depu	Y)	Inquiry X, dermined manner	and in my of , DATE SIGNI	2_25	7-84
O MEDIA XECUTE AGE 4 FTER DE		EXAMINER'S (TYPE OR PR		L. Roye					en Ave.	, Sali	sbury	Md.
BP	(SPECIED LINE	ā(3-4-84	GREEN A		mencial of		DETAIN DURY	REGISTRAR'S		nd
DHMH - 17 (VR A15 ME (5)) 20M 4/82		NAME		Home, S	alisbury	, Md		R 7	- /		- Pandell	

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